EMBEDDING

Literacy & Essential Skills in the Workplace

· FINAL RESEARCH REPORT ·

Decoda
LITERACY SOLUTIONS

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Embedding Literacy and Essential Skills in the Workplace — Final Research Report

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Diana Twiss
Decoda Literacy Solutions

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INTRODUCTION

Background

The intention of this report is to provide an overview of the *Embedding Literacy and Essential Skills in the Workplace* project and to set a context for the individual research reports which follow. The project ran from October 2009 – December 2012.

We embarked upon this action research project for the following reasons.

Adult participation in literacy programs is proving insufficient to affect a perceptible difference in national literacy rates. Only about 1 in 10 adults in British Columbia without a high school diploma ever participates in programs to improve basic skills. Despite attempts to address barriers to participation — funding information and referral services, investing in public awareness, eliminating Adult Basic Education tuition fees, increasing Student Assistance Program funds — many adults continue to avoid participation in formal literacy and essential skills (LES) training or upgrading. They may not identify as potential beneficiaries, or perceive any personal relevance of improved skills. Or they may carry negative associations with educational environments, or be deterred by the stigma associated with someone with literacy challenges. "A large proportion of adults with poor foundation skills are still not being reached by organized forms of adult learning." according to Statistics Canada.[1]

We can only achieve a measurable increase in literacy and essential skills by improving the literacy abilities of large numbers of people. If people with low LES are hard to recruit into skill building programs, we need to investigate whether and how we can effectively bring these skills to them, through other means or opportunities. We know a great deal about the people who lack the essential literacy skills they need to fully participate and succeed in today's world, so we have an opportunity to reach them where they live, where they work, where they are in contact with government services, and where they participate in their

1 Rubenson, K., Desjardins, R. & Yoon, E-S (2007). Adult Learning in Canada: A Comparative Perspective. Ottawa: Statistics Canada.

communities. We refer to this approach as embedding literacy and essential skills, and in this project we explored it as an alternative to direct instruction.

In light of these reasons, this project proposed a solution to reach large numbers of working people by partnering with agencies and employers to change their working practices in ways that will embed LES in their work. The project was a partnership of private and public bodies who served some of the most LES challenged Canadians — healthcare, corrections and aboriginal service societies. These organizations invest in formal training, and often in informal and formal learning supports, but had not yet developed a clear model for supporting and increasing LES in client groups and workers through systematic change. Our intention with this project was to grow both an awareness of LES and some capacity to nurture them. We wanted to see if we could influence and coach people so that LES could begin to come out of the background and take a place in the forefront of people's minds.

Project goal

Our vision of the outcome of this project is systematic change toward a supportive learning culture sensitive to LES in sectors that serve Canadians with low LES. We aimed to achieve this goal through a partnership process that would engage decision-makers and teach them about embedding on LES. We hoped those engaged partners would make changes in their sectors to focus their activities and training on outcomes that included long-term gains in essential skills and literacy in client groups. It was our hope that key people and decision-makers who learned about embedding literacy in their systems and in their training would use that understanding to make changes and through so doing leverage activities and training to increase the literacy of Canadians in target client groups. In three years we saw the beginnings of leveraged activities in training and changes in workplaces. The timelines of organizational and culture change are much longer than our project.

Our original research questions included:

1. What are the different ways of approaching and achieving embedded literacy in content?
2. What are the starting factors and dimensions of workplace essential skills and literacy in the cultures of the partner organizations?
3. Are different methods of embedding a better fit with some sectors, and if so in what ways?
4. How can we make this knowledge accessible to non-education specialist and decision-makers in the partner organizations?
5. What is the impact on their organizations of their efforts to embed?
   - **a.** How do they adapt the metrics or measures of literacy to their sector?
   - **b.** In what ways do they embed in their systems and training?

c. How does this impact practice in professions and client service?

d. How can we best communicate this to disseminate beyond the partners?

We haven't answered all of these questions, but we have addressed many issues such as starting factors, ways in, how different sectors addressed embedding in their systems and training, and which methods of embedding were a better fit with our sectors.

The project deliverables are a research report which describes the action research undertaken to explore the task of embedding LES in the workplace. The research report also includes detailed action research and impact assessment reports from each of the three sectors involved with the project. The second deliverable, published in December 2012, is an embedding guidebook which provides some insights based on lessons learned from the research: ***Embedding Literacy and Essential Skills in the Workplace: Lessons from the Research***.

What do we mean by embedding literacy and essential skills?

For many literacy practitioners, the idea of embedding literacy is a familiar concept. Literacy practitioners often bring people together around a common purpose like learning about digital cameras or family game nights and integrate literacy learning into these activities. Many community groups organized by literacy coordinators have taken up the challenge of creating community gardens and community kitchens with the same goal of embedding literacy skills into these activities and engaging people in learning.

In our literature review we discovered that embedding means different things to different groups, and even educators can't decide upon a common practice. In the workplace, embedding literacy and essential skills is generally thought about as a practice applied to vocational and workplace-specific training. We considered combining workplace content in literacy or essential skills training as a starting point, integrating the spheres of work and learning. But we wanted to go further than that. We wanted to find ways of making literacy skills an integral part of the workplace so that they are considered part of every situation, not only in training situations, where the literature told us the integration of literacy skills into work-related content is the dominant embedding educational practice. Training stops and starts and often depends on intervention outside everyday work life. We wanted to have an impact on the taken-for-granted elements of work culture. Once incorporated into the normal environment of a work culture, learning and practicing literacy skills could be sustained. Although we started with looking at the opportunities that existed around training in our research sectors, we quickly moved to other more pressing opportunities raised by the workers and managers themselves.

Project overview

Working with a variety of government partners and colleagues, we selected three project partners interested in working with us to explore the use of literacy and essential skills in their workplaces. The three sectors — healthcare, corrections and aboriginal service organizations — were chosen because the client bases and/or entry level workers tended to have literacy challenges. High-level stakeholders and lead people from each sector were contacted and invited to be part of the project task group along with senior managers from provincial ministries. Our research interest in nudging culture required high-level involvement in each sector.

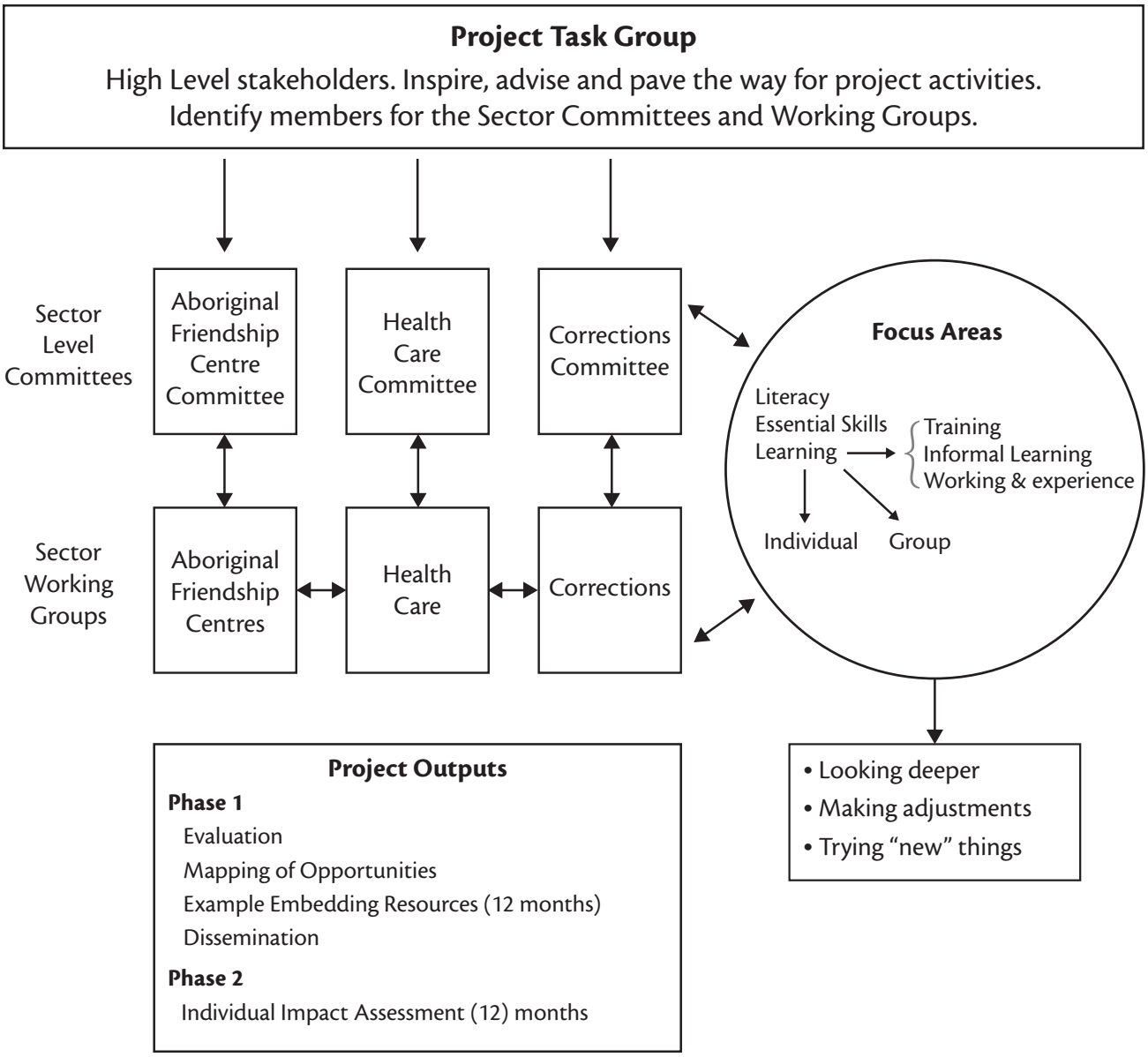
Shortly after the project task group was established, our researchers, whom we called sector specialists, were hired for the project action research team. In the corrections and healthcare sectors, these specialists were literacy practitioners and educators who were from outside of the sector. In the aboriginal service organization, the sector specialists were from that work environment. The sector specialists were the team of researchers who worked closely within each sector, recruited and organized the participants on the different committees, explored embedding opportunities, gathered and analyzed data and wrote the research reports for the project.

Initially, each sector had two sets of sector committees participating in the project: a steering committee made up of senior managers, supervisors and other high level staff, and a working group. The working groups were recruited by the sector specialists under the guidance of the steering committees. The working groups can best be described as teams of on-the-ground workers who wanted to be part of the research in order to identify ways and explore actions to embed literacy and essential skills in their respective working environments. The steering committees and working groups worked on the project in a voluntary capacity. Only one sector maintained the two committees throughout the entire project, and in fact that sector created two levels of steering committees. In the other sectors, the steering and working group committees eventually melded into one.

In addition to conducting research for the project, the role of the sector specialists was to provide consistent momentum to the project. They organized meetings, made numerous follow-up phone calls, took notes, created surveys, interviewed groups, analyzed data, wrote observations, drew conclusions, implemented actions, developed materials and provided training. They continuously explored ways to weave literacy and essential skills into the work that people were dealing with on a daily basis.

Supporting the research project was a senior advisor who guided the research questions and troubleshot the action research process, and a project coordinator/manager who made sure deadlines were met and the vision was maintained. These two people worked closely with the sector specialists, project task group members and steering committee members.

We developed the chart on page 5 early in the project as a visual description to communicate our intentions and process. Identified at the outset as action research, we had the obligation to examine our approaches and to make changes, as needed, along the way.


Project Task Group
High Level stakeholders. Inspire, advise and pave the way for project activities.
Identify members for the Sector Committees and Working Groups.
Sector Level Committees
Aboriginal Friendship Centre Committee
Health Care Committee
Corrections Committee
Sector Working Groups
Aboriginal Friendship Centres
Health Care
Corrections
Focus Areas
Literacy
Essential Skills
Learning
Training
Informal Learning
Working & experience
Individual
Group
Project Outputs
Phase 1
Evaluation
Mapping of Opportunities
Example Embedding Resources (12 months)
Dissemination
Phase 2
Individual Impact Assessment (12) months
• Looking deeper
• Making adjustments
• Trying "new" things

Glossary of Terms

Project task group:

A group of high-level stakeholders consisting of provincial partners and senior managers and directors from different sectors. Their role was to pave the way for the project by inspiring and directing senior staff in the sectors.

Sector Committees:

Steering committee

Initially each sector had a steering committee, consisting of people at the workplace who have decision-making powers. Its role was to provide guidance for the project at the sector level, and like the project task group, to pave the way for actions. In two sectors, the steering committee and working group became one.

Working group

A group of on-the-ground workers who volunteered to be part of the project or who were identified by steering committee members as being influential people in the workplace and, therefore, necessary participants.

Sector specialists:

Researchers, literacy practitioners and educators hired to work with sector committees in each of three sectors to explore embedding opportunities, conduct the research and write the research reports.

Evaluation framework

The evaluation framework for this project is a series of tools. We used the **Workplace Essential Skills Learning Assessment Tool** (WESLAT) as our model and modified it to suit our needs. Our goals in developing an evaluation framework were to create a series of tools that would be relatively simple to implement, used language that was readily understood by participants in each of the three sectors, and could be modified slightly within each sector, yet still have comparability amongst the three sectors.

The original plan was to develop one tool — a tool to capture the workplace culture, practices and behaviours in each of the sector environments. This tool would allow us to document normal practice and the thinking behind these practices — before the project interventions took place. We then intended to use the same tool at the end of the project to assess the differences or the changes in the workplace culture, practices and behaviours which may or may not have taken place as a result of embedding strategies. However, concept discussions and preliminary dialogue with partners began on this project more

than two years before the project start date. Once people of influence knew about the ideas of embedding, they started to think about literacy and learning and began to make some changes in their work environment. We lost the opportunity to capture a starting point with a standard questionnaire. In addition, our partners were not entirely comfortable with being benchmarked or assessed for a work culture starting point in this way.

Therefore, we developed a tool which would allow us to capture the back story. Using the information gained from the tool, project team members and sector specialists wrote a narrative about what happened in their sector between the time the ideas were first broached and the official beginning of the project. Capturing the back story on each sector helped in writing the project report, and helped determine the starting time, and the changes made in each sector.

Tool 1
Questions to capture the embedding project back story for each sector — what were things like before the project started?

Tool 2
Questions about embedding literacy and essential skills in normal practice culture — literacy audit

Tool 3
Questions about opportunities to integrate (in content) or embed (in practice) LES — mapping exercise

Using the three tools, sector specialists interviewed, and at times surveyed, members of the working group and other workers and managers they had access to. They took this information, particularly data from Tools 2 and 3, and developed an embedding model for that sector.

Tools 1 and 2 are discussed in detail in Chapter One of the ***Embedding Literacy and Essential Skills in the Workplace: Lessons from the Research*** document. Tool 3 is discussed in Chapter Two. Furthermore, in each of the sector action research reports which follow, researchers provide detail about how the tools were modified and implemented along with an analysis of the results.

The following pages contain the three tools.

TOOL 1: Capturing the Back Story

Questions:

What approaches, initiatives or training was in place BEFORE the project was on the horizon in terms of literacy and essential skills? For whom? By whom?

A When did people in this sector first hear of the project, from whom?

B What did the people think the project was, and why did they agree to get involved?

C Once the embedding idea was out there, did the sector leaders or anyone hold meetings, make plans, or change anything to put the idea of embedding to work in their sector? In what ways, and with what results?

D In what other ways is the sector different now in regards to embedding literacy and essential skills than when people first heard of the project?

E What other changes are underway that come to bear on embedding literacy and essentials skills, including those that are outside the influence of the sector leaders.

An analysis of the responses from Tool 1 may be found under the heading "The Back Story" in each of the sector action research reports.

TOOL 2:
Embedding literacy and essential skills in normal practice culture

Questions:

The following are a series of questions for the sector specialists to ask themselves and to ask of others in order to document the 'LES terrain of the sector.'

A In everyday (front line) interactions are LES accounted for in the ways people interact? How? For example do they check comprehension, try alternative ways to communicate, or otherwise try to make meaningful connection via LES?

- A.1 When a new protocol, policy or work practice is formulated or written, are the LES of the reader taken into account? How?
- A.2 When a new protocol or work practice is communicated, are LES taken into account? How?
- A.3 When a new protocol or work practice is implemented or evaluated, are LES taken into account? How?

B Are LES taken into account in training and orientation? How?

C Are LES taken into account in on-the-job training and orientation for people in the environment who interact with our 'front line' groups? How?

D When peer-to-peer learning, coaching or communication takes place, is LES taken into account? What do people assume happens with peer interaction in regards to LES?

E What areas should sector specialists focus on to make changes that would significantly impact LES? What specific situations or interactions in those areas?

An analysis of the responses from Tool 2 may be found under the heading "The Literacy Audit" in each of the sector action research reports.

TOOL 3:
Opportunities to integrate (in content) or embed (in practice) LES

This tool was created to provide a common framework to inform the project. The table was designed to help identify places where we could look for LES in the sector environment and describe the LES practices.

Sector specialists used this framework to find and focus on LES in the day-to-day life and practices of the sector culture(s).

Where do we find opportunities for integrating or embedding LES? Where? Who? Which ones?

Essential skills	Ways people interact around what is written and read	Ways people interact around text	Ways people interact around numbers as part of what is written and read	Ways people interact around problem identification and problem-solving	The ways people interact around decision-making and learning from decisions
Reading					
Oral Communication					
Writing					
Document Use					
Working with others					
Numeracy					
Thinking Skills					
Continuous Learning					
Computer Use					

An analysis of the responses from Tool 3 may be found under the heading "Mapping Opportunities" in each of the sector action research reports.

What happened?

The rest of this report tells the story of each of the three research sectors, one at a time, in the words of our action-research sector specialists. They used the same tools introduced above, and worked with their respective sector committees and in some cases, working groups of people close to the front line in their workplaces.

Each sector report is in two parts. The first report from each sector, the Action Research Report, describes what took place before and during the research period, and details actions taken and followed. The second part we call an Impact Assessment. In this section, the sector specialists, the committee members and others reflect on how things have changed, where the actions have led, and the view of LES in those workplaces at the end of the project.

In the corrections sector reports, Julia Dodge and Betsy Alkenbrack take us through the challenges of working over a large geographic area, often by conference call and email contact. Corrections offered a careful linear process of undertaking changes, offset by an enthusiasm for the transformational power of learning, and a belief in change. The corrections workers found ways to apply an LES lens to some of their frustrating problems, like request forms consistently filled out incorrectly. They adopted LES as part of the issues they tracked and planned for in their client groups learning, and in transitions.

In the aboriginal sector reports, Kathryn Lacerte and Ron Rice take us through the challenge of finding LES solutions in some of the major issues they were facing. Unlike the other sector specialists who were outsiders hired to work within a sector, Kathryn and Ron were from the sector and initially had the challenge of being seen by their colleagues as people with expertise in the topic of literacy. This sector made lasting progress once the leaders understood how they could apply an LES lens to everything from their annual report and board training to financial information and even newsletters.

In the healthcare sector reports, Patty Bossort and Pat Hodgson take us through the challenge of sustaining interest in this project within a high-stress and busy work environment. We found the heath care sector to be dominated by departments and disciplines with technical experts who use specific language and have distinct priorities. The action research situation was additionally complicated by multiple employers and unions. This sector team started to make progress when they were able to work with the group dealing with the common issue of infection control. In examining the “crisis” through an LES lens, they were able to refocus a complex situation from a perceived deficit on the part of the hospital cleaners, to a clarification of the process, training and signage about proper hand washing and cleaning procedures. It moved from a problem that “they” have to a shared problem that “we” have. Everyone benefited from the solutions created and everyone learned from the process.

In all three sectors, workplace challenges were identified and with the help of the working group, LES solutions were created. These strategies helped address the challenges, and they also helped people learn how to be better writers, how to communicate more effectively, and most importantly, how to work together in more productive ways.

CORRECTIONS SECTOR

REPORTS

Action Research Report

Description of the sector

The Embedding Literacy and Essential Skills in the Workplace (ELES-W) Project in the Corrections sector involves the Adult Custody Division, Corrections Branch, of the BC Ministry of Justice. There are nine correctional centres operated by the Corrections Branch: two in Greater Vancouver; two on Vancouver Island; three in the Fraser Valley; one in the Interior; one in the North.

There are three kinds of Correctional Centres in BC:

1. Pretrial and regional correctional centres for male sentenced offenders. These centres incarcerate inmates who have been remanded in custody pending trial or sentence, as well as sentenced offenders who are assessed at low, medium and high risk. There are four of these in the province.
2. Two centres are specifically for remanded individuals.
3. Medium correctional centres: Inmates classified here do not generally require the higher level of supervision of a regional correctional centre. There are three of these in the province and one of them is for women.

Individuals remanded into custody while awaiting trial or sentencing, or those in immigration detention, are incarcerated in pre-trial centres. Individuals sentenced to less than two years are incarcerated in regional centres according to his/her assessed level of risk, control and other safety factors. At any given time, there are approximately 2,700 people incarcerated in BC correctional centres, and all centres are operating at well over 100% capacity. The average length of stay for those in remanded custody is 37 days. The average length of stay for those

sentenced is 72 days. The turnover rate of intakes and releases is therefore a substantial consideration within the system: over 17,000 individuals for the 2009–10 year.[2]

The management and governance structure of BC Corrections is understandably multifaceted and complex. The Senior Management Committee, headed by an Assistant Deputy Minister, comprises ten senior managers overseeing not only the Adult Custody Division, but also the Division of Community Corrections and Corporate Programs. Though distinct divisions, communication practices between Adult Custody and Community Corrections is effective, and the overlap of issues and concerns is readily apparent, given the high turnover rates in the correctional centres. Ninety percent of offenders are supervised in the community; 55 community corrections centres supervise 24,000 clients annually, many of whom have low literacy and employability skills. Therefore, while the ELES-W project focuses solely on the Adult Custody Division, the potential for informing or suggesting practices throughout the system is recognized, and opportunities for enhanced communication and collaboration between the two divisions, specific to literacy and essential skills, is notable.

The notion of embedding literacy and essential skills practices into the provincial adult custody environment, therefore, is recognized as needing to think beyond the traditional literacy or upgrading classrooms available to sentenced individuals. The typically short length of incarceration, comparative to the much longer length of time typically required for literacy-level adults to noticeably increase their skills levels, dictates that literacy supports, services and information must also be provided in alternate forms and formats.

The link between low literacy and/or employability skills and criminogenic behaviour is well recognized within BC Corrections. As one of its five goals, BC Corrections has articulated the ongoing need for programs such as 'literacy, essential skills, and pre-treatment preparation'[3], alongside the classroom-based academic upgrading that currently exists at each centre. A strong emphasis has been placed on pro-social modeling of behaviours to inmates as well as a focus on programs and services that assist with reintegration into the broader community. To that end, BC Corrections has recently developed an employability and life-skills program for remanded individuals and sentenced inmates called *Essential Skills to Success*. This modularized program is intended to reinforce pro-social attitudes and to increase responsiveness to cognitive behavioural programs and other interventions.[4] It also provides non-sentenced people with the opportunity to engage in some learning while they are remanded or detained.

2 A Profile of BC Corrections: Protect Communities, Reduce Reoffending (September 2010)

3 Strategic Plan, BC Corrections (2010–2013)

4 Existing cognitive behavioural programs include: Substance Abuse Management; Substance Abuse Program for Women; Violence Prevention Program; Relationship Violence Prevention Program; Emotions Management for Women; Relationships Skills for Women; Sex Offender Maintenance Program

The ELES-W Corrections Working Group

Representatives from all nine correctional centres took part in and guided the ELES-W project as did representatives from the Custody Division Management Committee (e.g. wardens and corporate programs managers) and the Corrections and Community Justice Division of the Justice Institute of BC. In total, 23 members comprised the Corrections Working Group (CWG). A Manager within corrections recruited this team; and she continued to support and facilitate this group, as well as liaise with the sector specialists and ELES-W management team, throughout the project. A terms of reference was developed for the duration of the ELES-W project. Given the geographic distance between the CWG membership and the ELES-W support team, the vast majority of meetings and discussions were held via teleconferences and online technologies.

Concurrent with the work of the ELES-W project was the work of the BC Corrections Plain Language Team. The team came together following the launch of the BC Corrections *Adult Custody Division Plain Language Field Guide*. One of the seven literacy strategies identified in 2007 was to develop a plain language manual for corrections and build plain language writing capacity among Corrections staff. This team is comprised of correctional officers, supervisors and managers. There was fruitful overlap in both membership and interest. The need for accessible documents and forms, and print information that adheres to best practices in clear language and design, was identified as an area of consideration prior to the ELES-W project. The development of and the increasing use of the BC Corrections Adult Custody Division *Plain Language Field Guide* was seen as one valuable tool to assist the CWG team in its efforts to more fully embed literacy and essential skills practices within correctional centres.

Of additional note is the ongoing implementation of ICON II, the Integrated Corrections Operations Network Project, which will provide offenders in both custody and community settings with e-service access to disclosure materials, forms and other pertinent information using self-reporting kiosks. Incarcerated individuals with low literacy skills are often further marginalized with low computer skills. The need for appropriately designed and worded online material, as well as access to literacy-level technical support was seen by the CWG as one area in which to further examine and embed literacy supports within the Adult Custody Division.

The Back Story

In 2004, two people on the current project were involved with BC Corrections on another literacy project funded by the National Literacy Secretariat with Surrey School District 36 as the partner. That project was called *Road Back Home*. The goals of the project were to bring the school district teachers, who were working in all nine correctional centres throughout the province, together for the following:

- To network
- To share resources, ideas and approaches

- To create a common way to express and share learner progress

The advisory committee for the project was the newly established Corrections Education Committee. This committee was made up of senior administrators of each correctional centre and school district delivering learning programs for corrections. Around this table were wardens, deputy wardens, the occasional Corrections officer, along with principals and vice-principals of the school districts.

In the early meetings there was considerable tension as the two groups learned about each other's culture and struggled to find ways to meet their mandates, which at times conflicted. The goal of learner empowerment was not well received in an environment focused on public safety and incarceration. Over time however, the groups learned a great deal from each other and found ways to support each other to reach their goals.

The group applied for and received funding for a second project. The goals of the second project were to continue the work of the first and also to collaboratively create an *Orientation Guidebook for Corrections Educators.* (**http://www.nald.ca/library/learning/orientation/orientation.pdf**)

In 2006, the provincial government established a mandate to advance 'Five Great Goals'. One of those goals was to 'make B.C. the best-educated and most literate jurisdiction on the continent'. The Corrections population was, in fact, identified as a unique population to target with respect to literacy enhancement. Correctional interventions recognize that raising literacy levels with this specific target group can assist with rehabilitating offenders and reducing recidivism. To that end, the Adult Custody Division started looking at how to create a 'culture of learning' within the correctional centres and develop opportunities for skill building. These opportunities — to improve literacy skills and to build on essential skills in areas such as numeracy, document use, and working with others — were viewed as critical ingredients in assisting the prison population in being able to eventually contribute to their communities.

In the fall of 2007, Literacy BC, with the support of the then Ministry of Public Safety and Solicitor General's Office and the Ministry of Education, hosted a think-tank on the topic of literacy and corrections. From this think-tank emerged a seven-point literacy strategy developed by the Ministry of Education. It was in the wake of this think-tank experience that the ideas and energy for the Embedding Literacy and Essential Skills in the Workplace project came to life and Corrections was identified as a potential partner.

The Literacy Audit

The Embedding Literacy and Essential Skills project partners began preliminary dialogue almost two years before the official Embedding project start date. At the same time, BC Corrections as an organization had responded to provincial government calls to action regarding literacy and essential skills (LES) of adults in correctional centres. Project team members and sector specialists recognized a need to collect background information — the

Literacy Audit — as a contextual precursor to examining where and how literacy is, and could be, embedded in the normal culture and practice of adult custody centres.

Corrections Working Group (CWG) members provided input and guidance to develop an online survey tool, which Corrections staff could answer with anonymity. Questions were framed with three primary aims: capture what knowledge or awareness of literacy in general (and the Embedding project in specific) existed prior to the survey; capture examples of current practice, culture and behaviours as regards inmates with low literacy; and elicit comments and suggestions around strengths, opportunities and barriers to further embedding literacy in correctional centres.

CWG members acted as advocates in their respective environments, distributed flyers and invitations to participate in the online survey, posted the survey link for access, and in so doing, raised awareness amongst staff of both the project intentions and LES. The online survey was open from September 27 to October 8, 2010 and received a 9.5% rate of return.

Summary of Responses to First Online Survey

Of the 142 members of staff who completed the first online survey, 41.5% were Correctional Officers. Other roles they identified included Correctional Supervisors, Deputy Wardens, Mental Health Liaison Officers and Staff Trainers. About 10% were members of the Corrections Working Group (CWG). What follows is a summary of their responses. To the question: "Within Adult Custody, what types of literacy and/or essential skills services and supports for inmates are you aware exist now?", 88% identified traditional Adult Basic Education (ABE) classes. Many identified informal supports from staff, fellow inmates and volunteers as existing services, while small numbers specified Adult Dogwood Certification (Grade 12 equivalency) and parent/child reading programs. Only one respondent identified staff awareness training as providing support to inmates.

Respondents were given a list of literacy-related activities and asked to rate them according to their impact on day-to-day interactions between staff and inmates. They ranked good communication with inmates, consistent policies, and plain language use higher than inmate access to classes or training. Thirteen respondents (9%) indicated that staff ability to support inmates with low literacy was either 'not that important' (11) or 'not needed' (2).

To the question "When did you first hear about the Embedding Project?" 94% of respondents had only recently become, or were not aware of the Embedding project. When asked if they had attended training sessions, made plans, changed their practice or discussed how to embed literacy in their centres, 71% of respondents indicated that, over the past 2 years, no changes in plans, practice or training specific to embedding literacy had occurred at their centre.

They were then asked to identify the most significant barriers to improving literacy and essential skills in their centres. Issues highly ranked were lack of literacy training, lack of clear procedure or policy regarding inmates with low literacy, lack of time during their work day

to support inmates and lack of internal resources and cuts to external funding sources. Also recognized were the high turnover of inmates in remand centres, inmates' unwillingness to acknowledge their own literacy needs and the opinion that improving literacy at their centre was outside their responsibility. Anecdotally, three respondents identified a lack of managerial direction or support and several said they would like to have more time to support inmates with low literacy skills.

To the question "What is working well at your centre to improve literacy and support learning?", respondents described the following factors: teachers in school programs, positive staff interactions and support, raised literacy awareness, inmates' increased comfort level with asking for assistance, volunteer tutors, programs and opportunities for inmates to support one another, informal learning opportunities (making posters, book clubs, peer tutoring), and literacy champions in the centres. On the other hand, some staff said they were not aware of anything working well, and one went as far as to say that literacy would be a waste of taxpayers' money in a pre-trial centre. Many commented on the part-time or limited access to the school program and three noted that those inmates most in need of literacy supports would not attend the school programs.

To the question, "In what ways do you include or consider literacy and essential skills in training, written materials or interactions with inmates now?", respondents provided the following examples: taking time to assist individual inmates on an as needed/ as requested basis, acting as scribes or editors of forms and other written materials and being proactive referral agents. Many identified the need to: explain instructions and information orally; allow additional time for inmates to process written or oral information; monitor and check for comprehension. Several acknowledged that these steps take time, patience and good communication skills. A number commented that no considerations are made, due primarily to time constraints.

When asked to identify the top three supports or services needed to continue embedding literacy and essential skills when the project was over, the following ranked highest: ability to recognize and respond to inmates with low literacy, access to resources and materials, and links to outside agencies. Also notable is the contradiction between the low request for professional development in this final question and the 40% who identified a lack of training as the greatest barrier to improving literacy at their centre.

Summary of Focus Groups Findings

Stemming from the results of the online survey, two face-to-face focus groups at two Lower Mainland centres, and several one-on-one telephone discussions, were held to further identify and articulate areas of strength, vulnerability and opportunity for project focus.

Analysis of the data findings was disseminated to the CWG membership for consideration, which resulted in three targeted areas of focus for phase two of the project: clear language and design; access to internal and community-based resources and programs; and staff training. Each target area was mapped into sub-sets of action items, deliverables and timelines. Rather

than focusing Phase 2 on specific pilot sites, as was originally envisioned, CWG members from across the province identified sets of work that were seen as manageable and useful to their respective centres. The sector specialists functioned through Phase 2 of the project to:

- provide liaison between community programming and correctional centre initiatives
- recommend materials and approaches in keeping with best practices in literacy and essential skills
- further examine possibilities for the delivery of online or face-to-face staff training
- document and depict the results of the implementation and embedding activities

Mapping Opportunities

Based on the findings of the audit, which included analysis of Survey #1, the focus groups and discussions with the CWG, the sector specialists identified the following opportunities for embedding LES. These were presented to the CWG in January 2011.

A Improving access to internal and community-based resources, programs and reading material

- Develop Corrections-specific tutor training material online that could be accessed by community volunteer tutors available to work in correctional centres and also by Corrections staff.
- Designate a staff role to liaise with community groups.
- Increase the number of literacy-level readers and other material in correctional centre libraries.
- Develop module(s) at literacy level that can be added to Essential Skills to Success (ESS) training modules.
- Make above courses and materials available to everyone, including those in remand. Current policy allows for inmates in remand to attend programs offered by the school district, as well as Essential Skills to Success (ESS) info-sessions, but not core programs.
- Expose staff and inmates to foundation-level curriculum offered by the school districts.
- Increase quantity and quality of adult level easy readers to encourage reading.
- Improve training and education opportunities for those at the lowest levels of literacy to avoid stigmatization in multi-level groups.
- Improve links with family literacy and parenting programs.

B Staff Training

- For sustainability, all training should be delivered using a train-the-trainer model. Develop and deliver 'literacy sensitivity' training for staff that would include: recognizing signs of

low literacy, communicating with non-English speakers, providing information and support to low-literacy inmates and information about educational options available to inmates after release.

- Develop and deliver face-to-face training where staff can develop their skills in clear language document revision and design.

C Assign LES-related roles to staff in each centre

In order for LES interventions to succeed, two staff roles could be designated in each institution to provide:

- Liaison with community literacy groups (to support low-literacy inmates) and with groups that offer educational opportunities after release.
- Clear language editorial assistance.

D Enhance Clear Language support

- Make request forms more accessible by colour-coding to distinguish between forms, using symbols and providing sample forms that inmates can copy.

Discussion with the CWG revealed that we would need to streamline our list for a number of reasons. First, we discovered that some forms could not be changed, such as those provided by other agencies (e.g. Housing, Health, etc.) or those from Adult Custody Division that necessarily contain legal policy. In these cases, as one CWG member said, "All we can do is make recommendations." Also, some centre budgets do not allow for coloured paper (or forms are already coloured for another reason).

Another barrier was that BC Corrections policy required that all training material go through an approval process before it could be used to train staff. There was not enough time during the ELES-W project period to set up a training course. Face-to-face training using a train-the-trainer model would be a challenge due to lack of time. Most training sessions available to Corrections staff were one hour long and happened by teleconference and online technology. As a result, the CWG requested that actions be 'bite-sized' so that as many people and centres as possible could participate in actions. A table of recommendations for embedding activities and interventions was sent to the CWG and the fifth meeting of the membership resulted in a series of recommendations for distribution and consideration. CWG shared and discussed opportunities at their respective correctional centres. An actions list resulted. All nine centres across the province agreed to take on various pieces of the proposed embedding and literacy activities.

Action Research

Activities in the action list were clustered under three broad areas: plain language; literacy and community resources; staff training. This formed the basis for our Action Research.

Action 1:
Clear Language and Design: Make signs and documents more accessible to inmates

Clear language was identified in both the survey and the focus group. 97% of survey respondents indicated that clear language was very important. Focus Group members said that inmates with limited literacy skills often either filled out forms incorrectly or filled out the wrong form. Many noted that, due to time restrictions, staff would complete the forms for the inmates and then ask them to sign. They suggested that more accessible forms would mean inmates could do it for themselves. CWG members talked about messy, disorganized bulletin boards and difficult-to-read inmate information guides. Both can be confusing and intimidating for new inmates, especially those who have low literacy skills or those who speak languages other than English.

What we did

To address this important issue, sector specialists worked with the CWG to plan a number of actions. Sector specialists provided support to clear language team members and staff at Correctional Centres to revise documents in use at their centres using clear language and design principles. Since some of the clear language team members were also CWG members, a spin-off of awareness was created when discussed during CWG meetings. The result was that previously reluctant centres took up the challenge of revising documents knowing they could call or email the sector specialists for help.

To support the editors, sector specialists developed and distributed a tips sheet, *Plain Language at a Glance,* which complimented the larger, formal *Plain Language Field Guide.* The tips sheet was posted on employee bulletin boards for easy referral. It had positive feedback as being a user-friendly, useful tool.

Additionally, sector specialists organized and facilitated two telephone/online workshops on clear language and design, guiding participants through the clear language revision of an existing form commonly used by inmates in correctional centres. Feedback was positive and led to further discussion and awareness within the CWG members on the plain language team about the need for accessible forms and print information. Participants agreed to try their hand at clear language revisions at their respective centres, for sharing and editorial review.

To address problem bulletin boards, sector specialists conducted a workshop on "Making Signs and Bulletin Boards Accessible" with CWG and Plain Language team members, including 'before' and 'after' photos of signs and bulletin boards. They were supported in this work by another tip sheet, Bulletin Board Layout Tips. Sector specialists continued to support

staff doing clear language work in their centres by helping with editing, commenting on their work and pointing them to helpful resources.

What we learned

Centre staff quickly recognized the value of this work and knew that it would make life and work easier for everyone concerned. However, the process was often hindered by lack of time in consideration of their existing, contracted workload.

Next steps

We continued to offer assistance and consultation on clear language issues until the end of the project. After participating in training and in editing some forms with the help of sector specialists, Corrections staff went on to form literacy committees in their centres. For example, some centres are editing and simplifying their inmate information and others recruited inmates to make posters about programs and upcoming events, explaining programs, and how to access programs and information. Because the official *Inmate Information Guide* is standardized by the Adult Custody Division, centres are no longer working to revise it for clear language. Instead they are working on their own literacy-level information handbook to coincide with the official text. Some documents were done by inmates with artistic skills, graffiti style, in inmates' language. Some centres also reported that they had re-organized their bulletin boards and simplified signs.

Action 2: Access to internal and community-based resources and programs

As the sector description notes, there are literacy, and academic upgrading programs in correctional centres, operated by the local school district and at times supported by a non-profit literacy organization. However, the staff members who were not directly involved with these programs indicated a need for more information both on these programs as well as those available to inmates after release. The results of the first survey showed that the "ability to recognize and respond to inmates with low literacy, access to resources and materials, and links to outside agencies ranked as the top three needed supports by a notable margin."[5]

What we did

In cooperation with the CWG, sector specialists took a number of actions. First, assistance and advice was provided to individual centres on connecting released inmates with literacy groups/education opportunities. Sector specialists promoted awareness of and cooperation with community literacy groups by providing links to community-based Literacy Outreach Coordinators, and local and provincial training opportunities. At the same time, sector specialists updated CWG members, who in turn let staff and inmates know about learning and curriculum options available in the classroom. For example, we discussed the Foundations curriculum developed by the Ministry of Education, which is not readily available in all centres. Finally, we provided guidance to centres that wanted to put literacy-level readers and other material in their libraries and schools. For example, we gave them

5 Embedding Literacy and Essential Skills (ELES): Summary Report, Online Survey #1 (Julia Dodge, October 20, 2010)

websites of publishers who produced good literacy-level materials and told them about library donation programs and funders who focus on literacy-level, adult reading materials.

What we learned

Conversations with Corrections staff showed that many of them have good instincts about ways to help and support inmates with literacy challenges. Sometimes all they needed was a telephone conversation or email to get affirmation of their ideas and move forward. Many of them are good networkers and had already identified the need to connect with community resources. As requested, the ELES-W project helped link less networked staff with community-based practitioners, literacy organizations and resources.

Next steps

Some programs made contact with local groups and updated their community contacts. Two centres arranged for the local Literacy Outreach Coordinator (LOC) to make a presentation to inmates. One centre arranged with their local literacy organization to have inmates trained to tutor other inmates. Some centres added literacy needs to their case management and release planning priorities. With updated contact lists, they were able to direct more inmates to literacy programs after release. The provincial LOC listing and literacy directory has been posted on CorrPoint (the SharePoint software used by BC Corrections). LOC's are the people inmates can contact for information in specific regions. For a released inmate trying to settle back into his/her community, this "one stop shop" approach would be easier and less stressful than trying to decipher a long list of contact organizations and phone numbers.

Several centres worked to improve their supply of reading materials and other resources. For example:

- Two centres had storybook projects, where stories recorded by parents were sent out to children.
- School District teachers at one centre have posted a list of recommended books that they will be using to keep people interested in reading. (e.g. satirical novels, easy readers).
- Some centres benefited from reading materials that literacy organizations brought in when they were tutoring; the chaplain at one helped to get used and duplicate books.

Several centres reported support from local libraries, local used-book merchants, a prisoner support group, and ABC Life Literacy Canada to update their libraries

Action 3: Enhance Staff Training

While staff members in the centres were aware of literacy programs, they did not necessarily recognize that they could have an impact on inmates with literacy challenges through their day-to-day interaction. In the first online survey, there was a low number of requests for professional development, but a relatively high number (40%) who identified lack of training as the greatest barrier to improving literacy at their centre. Discussions with CWG members showed us that there were some opportunities for intervention.

What we did

A planning meeting was held with sector specialists and the Manager to discuss opportunities for face-to-face, literacy sensitivity training for program facilitators. The hope was that it would 'fit' within the already developed pilot, Essential Skills to Success facilitator training modules. Opportunities for face-to-face training were problematic, due to funding and time constraints for employee training days at correctional centres, and the cost of travel for sector specialists. Future considerations may opt for self-directed, online training modules, as much staff training is delivered in this medium.

A tips sheet, *Recognizing and Responding to the Signs of Low Literacy* was developed and distributed to all members of the CWG who, in turn, distributed it to all nine correctional centres for posting and use by centre staff. It was well received and CWG reported it made for a good launching point for discussions in meetings and informal conversations.

We conducted four one-hour telephone workshops on plain language, literacy sensitivity and accessible signs and bulletin boards. We also provided advice to centres on training opportunities.

What we learned

Corrections staff members often said they would like longer and more face-to-face training, but unless training (face-to-face or online) would lead to opportunities for advancement, it would be a hard sell. Many of the online training modules are prerequisite for professional advancement. Literacy or clear language training would have been voluntary and under the category of general interest. We found it challenging to adjust to training sessions that consisted of one-hour teleconferences with online support, which often reduced the 60-minute meetings to 45 minutes or less due to technical requirements and 'glitches'. Though the majority of participants were experienced and well versed in the meeting technologies used by BC Corrections, the sector specialists were not. Additionally, while online technologies are often used for meetings within the sector, self-directed, online modules, not in real time encounters with instruction, usually provide training. It forced the facilitators to be very clear in communication and very selective about the messages we wanted to get across. For instance, examples needed to be prepared and distributed prior to the meeting, which not all participants had time to preview, and demonstration of techniques needed to be modified for brevity. Most importantly, discussion time to adequately monitor comprehension, field questions or plan next steps was often omitted from the meeting agenda.

Next steps

The ESS modules were developed with low-literacy learners needs in mind, and staff with literacy awareness gave feedback on modules. Chilliwack Community Learning Society trained inmates at a centre to tutor other inmates. The CWG recommended that information on volunteer training or literacy sensitivity offered by community groups be posted on core point and staff could attend training on their own time or refer others.

Overall findings from the action research activities

The ELES-W project has benefited immensely from several factors that have contributed to a solid foundation for Literacy and Essential Skills. These include: the original work of the *Road Back Home* project, providing background information and establishing a culture of collaboration between professionals working in Corrections and adult education; the commitment of Corrections staff to increasing literacy levels as a strategy for rehabilitating offenders and reducing recidivism; the recognition that this involved thinking beyond traditional classroom to more all-encompassing literacy supports, services and information in alternate forms and formats; the establishment of the *BC Corrections Plain Language team and the BC Corrections Adult Custody Plain Language Field Guide;* the enthusiasm of staff from the nine correctional centres to guide the ELES-W project and participate in our identified actions; and the vision, leadership and hard work of the Manager.

With this excellent foundation, we were well equipped to move forward with our Action Research. Some key findings from each action are described here.

Action 1: Clear Language

Most Corrections staff members understood the importance of clear language and were able to identify documents that needed clarification. They also had access to the *Plain Language Field Guide*. The sector support team was able to assist by providing skills training and mentorship to get them started. Because the tips sheet, *Plain Language at a Glance* was indeed 'at a glance', with 10 easy-to-implement clear language strategies, it was more accessible to the time-strapped staff, and, with some training, they were able to take on more documents as they gained confidence and experience. The concept of accessible bulletin boards was less obvious to participants in our training workshop, and the use of the 'before' and 'after' photos of bulletin boards and signs was very effective.

Possible future activities

The clear language teams, both province-wide and in each center, need to be supported, and new members trained as they come on board. This group can act not only as editors for existing documents, but watchdogs for future documents so that they are written and designed with clear language principles in mind. They can also play a key role in the development of future training materials. Some possible strategies that could facilitate this include:

- Develop an online, self-directed module on clear language for new members.
- Designate a Clear Language consultant/mentor in each center. Several centres have made great advances simply because people know who to ask about literacy.
- Make Clear Language training a requirement for certain job responsibilities.

Action 2: Resources and programs

This was the area where links were made between literacy/essential skills and all areas of an inmate's life. These connections were familiar to some Corrections staff, but not all. Also, since the landscape of literacy and essential skills work is changing, we needed to find

navigation routes in that ever-changing map. A key in that journey turned out to be the Literacy Outreach Coordinator. She/he could be a source of information for staff and referral for a released inmate.

This project also strengthened links with educational providers and sources of support for literacy resource collections: educational publishers, funders, local libraries and volunteer literacy programs were all identified for those who were not already connected.

Possible future activities

As stated in the Sector Description above, the Corrections sector is multi-faceted, and Community Corrections and Corporate Programs division could build on the work begun by the ELES-W project. Also, there is potential to strengthen links between community programs and correctional centres. This suggests two potential projects:

- Training for community Corrections officers to embed literacy and essential skills into their work.
- Community workshops (supplemented by online resources) that facilitate sharing information between community literacy practitioners and corrections staff to strengthen referral processes.

Action 3: Staff Training

The training strategies that were most effective were those that fit with the Corrections staff's time limitations. For example, the sector specialists facilitated one-hour teleconference workshops, and developed tips sheets connected to the training which were brief and easy to access (*Plain Language at a Glance, Bulletin Board Layout Tips, Recognizing and Responding to the Signs of Low Literacy*) and the follow-up email mentorship with individual centres. It was challenging to make voluntary training activities stay at the top of priority lists that were already crowded with work responsibilities and other training activities, especially those that could lead to professional advancement.

Possible future activities

Given the high turnover rates of staff in the correctional centres, it would be important to continue training new staff and identify newcomers who can play consulting and mentoring roles in ELES-W work. Two future activities could include:

- Develop a series of online, self-directed modules on different aspects of LES leading to a qualification that is required for certain levels of seniority.
- Continue to identify and train 'LES champions' who will ensure that LES stays on the radar in all centres.

Impact Assessment Report

Summary

This report examines the outcomes and impacts of literacy interventions in nine provincial correctional centres in British Columbia through an assessment of the action research conducted during the Embedding Literacy and Essential Skills in the Workplace (ELES-W) project.

The intentions of the report are to make informed and logical inferences about the effectiveness of the interventions implemented in the correctional centres between April 2011 and January 2012; to identify design and methodological successes and challenges during the project; to raise issues for policy and procedure consideration; and to make recommendations for the design and conduct of future ELES-W projects.

Through a comprehensive review of online surveys, focus groups, both online and face-to-face discussions with project participants, and relevant documentation, nine substantial impacts were identified from which seven recommendations are made.

Based on this assessment, the following conclusions were made regarding the effectiveness of ELES-W interventions:

1 Literacy teams or cohorts at correctional centres were more effective at raising awareness, embedding literacy supports, and shifting institutional practice than individual literacy 'champions.'

2 Regularly scheduled training and meetings facilitated cross-pollination of literacy supports and approaches.

3 Corrections staff are more likely to engage in ELES-W approaches that involve and support low literacy inmates if they have relationships with community-based literacy resources and organizations.

Based on this assessment, the following recommendations and forward-looking considerations are presented in four categories:

1 Policy and procedures

- **i)** Include all provincial correctional centres in the literacy planning and designing initiatives of District Literacy Plans
- **ii)** Recognize that sustained planning, networking and designing are essential for the successful embedding of literacy and essential skills in the Corrections environment
- **iii)** Develop provincial standards that provide clear expectations, procedures and training at various levels for staff members who come into contact with low LES inmates
- **iv)** Develop provincial standards for the plain language use, design and layout of all print documents, signage and forms accessed by inmates

2 Guideline development
Adult Custody Division should work closely with provincial literacy organizations to establish guidelines for the development and monitoring of ELES-W standards and practices in provincial correctional centres.

3 Outreach and liaison
Case Managers should work closely with community Probation Officers, Literacy Outreach Coordinators and school districts to arrange pre-release liaison to suitable adult literacy programs.

4 Longitudinal evaluation
Develop a project or system to track and measure the long-term outcomes and impacts of ELES on individual adults managed or supervised by B.C. Corrections

Introduction and Background

The Embedding Literacy and Essential Skills in the Workplace (ELES-W) project had two primary aims: to raise awareness about literacy and essential skills and to develop literacy supports and approaches that fit into the everyday operations and priorities of three different organizations in BC. This report considers the outcomes and impacts of the ELES-W project at BC's nine provincial Corrections centres.

During Phase 1 of the project, a comprehensive Corrections Working Group (CWG) team was formed, comprised of correctional staff from all nine provincial centres and the Justice Institute of BC. All were recruited by the Manager within corrections, to work collaboratively with sector specialists from Decoda Literacy Solutions. A terms of reference document was drafted to articulate guiding principles for the action research as well as roles and responsibilities of the CWG members.

The CWG developed and implemented a voluntary, anonymous, online survey of correctional centre staff, conducted between September 27 and October 8, 2010, which collected base-line information regarding current awareness, needs, concerns and approaches to assisting inmates with low literacy skills. The thoughtful comments and suggestions provided valuable areas for further consideration and expansion. Two focus group discussions were consequently held and audio recorded at correctional centres located in the Lower Mainland to examine in more detail areas of interest and concern stemming from the initial employee survey. Four one-on-one email and/or telephone interviews were held with interested employees not located at one of the two chosen sites.

Based on an analysis of the findings from Phase 1, an action list of 'do-able' literacy strategies and interventions was identified. These Phase 2 actions fell into four categories:

- Plain language and design
- Literacy resources

- Community outreach
- Staff training

Correctional staff on the CWG team committed to implement and monitor one or more interventions at his or her respective centre between April 2011 and January 2012.

Phase 3 of the project, the basis for this assessment report, examines the effectiveness of the literacy interventions on awareness, approaches, and support, studies the broader outcomes and implications of the ELES-W project, vis-à-vis corrections staff, and makes recommendations for future considerations and directions for ELES policy and study.

Methodology

The evaluation used both qualitative and quantitative methodologies. Information used for the analyses was collected through:

- A voluntary, anonymous, online survey of centre staff conducted September 27 — October 8, 2010
- A voluntary, anonymous, online survey of centre staff conducted January 10 — February 4, 2012
- A voluntary, anonymous, online survey of CWG members conducted March 3 — 23, 2012
- Interviews with key sources
- A review of relevant documentation including:
  - **i)** CWG meeting notes
  - **ii)** Researcher journals
  - **iii)** Print resources developed for centre distribution and use
  - **iv)** Corrections forms and posters revised for plain language and design
  - **v)** Photographs of centre bulletin boards revised for plain language and design
  - **vi)** Facilitator manuals and lesson plans for CORE programs
  - **vii)** Focus group reports

Analysis

The ELES-W project employed an approach that was relatively new to the sector specialists and CWG as a means to creating or shifting a learning culture. CWG members were, in essence, asked to initially engage in an open dialogue with the sector specialists and one another. This dialogue was one of questioning and probing the existing system, not answering a pre-conceived set of questions with anticipated results or known 'correct' answers. The sector specialists observed that this approach, though understood on a rational level, was somewhat counter intuitive in a hierarchical, highly regulated, institutional system designed to safely and correctly rehabilitate or 'correct' attitudes and behaviours in others. According

to The Strategic Plan of BC Corrections (2010-2013), BC Corrections is "an evidence-based organization committed to reducing reoffending and protecting communities through adult offender management and control."[6] Necessarily and by definition, practical decisions within the organization are made carefully and cautiously, relying heavily on empirical research that is primarily quantitative in nature, and based on strict norms and standards. Additionally, as but one component of the criminal justice system, the Adult Custody Division must respond to external demands such as enforcing court orders ranging from immigration holds to remanded individuals to custody sentences. These growing demands have resulted in all nine correctional centres operating at well over 100% capacity, and correctional staff having to be even more mindful of the need for strict adherence to procedure and policies to ensure the safety and well-being of both front line workers, and a transitory, vulnerable and at-risk population. The sector specialists learned that the correctional system is highly structured as to the expected and supported paths of learning and growth. Open-ended or self-actuated individualism is not the assumed norm in corrections. While employees of BC Corrections are well-versed and trained in proven, pro-social modeling techniques, and dedicated to best practices in program delivery, they are functioning within a system that must often discourage independent decision making, and encourages primarily passive learning strategies and objective learning outcomes in both staff and inmate training programs.

Conversely, the adult literacy researchers assigned to work with the CWG as sector specialists came from primarily qualitative, action research backgrounds, where questioning and changing a system or way of thinking is the principal goal; as literacy practitioners, their program delivery typically models active learning techniques and strategies, where learning outcomes are often not pre-determined and frequently set and assessed by the participants themselves. Action research and best practices in adult literacy commonly include much trial and error, reflection and adjustment. The 'rules' are often written along the way and, by design, meant to be bent or 'broken' when it suits or supports the learner.

The CWG members recruited to the project by the Manager showed a high degree of patience and understanding as the sector specialists came to better understand what at times seemed a rigid and impassive environment. One of the constraints of the ELES project-W, which exacerbated the challenges the sector specialists experienced was that face-to-face meetings with the CWG team and/or meetings at the correctional centres themselves were not feasible due to budgetary and travel constraints. Therefore, the teleconference meetings often included CWG members describing scenarios and procedures that would otherwise have been quickly and readily apparent with direct observation. And, consequently, opportunities to fully consider and compare 'insider' and 'outsider' perspectives of the physical workplace environment were not able to be part of the ELES-W project.

By definition, action research projects presume team work. The establishment of relationships between the researchers and members of the organization desirous of change, to develop a community of practice, forms the basis of the approach. However, in the ELES-W Corrections

6 http://www.pssg.gov.bc.ca/corrections/pdf/strategic-plan-2010-2013.pdf

sector, the team never physically met. The CWG team relied on teleconference and online technologies to conduct meetings and trainings, share and design surveys and resources, and exchange information and documentation. This is common practice in the Corrections sector due to geographical distances between correctional centres and fiscal constraint. This was not common practice for the sector specialists, to whom it fell to set and chair meetings, draft and disseminate meeting notes, and conduct online training sessions. The process through phase one of the ELES-W project, when relationships were being formed, the action plan discussed and established, and when CWG meetings were monthly or bi-monthly, was often hampered by technological 'glitches' and unfamiliarity with the software. Meetings were consequently cut short at times and conversations seemed rushed and stilted. Also, due to the staggered and various schedules of the Corrections staff on the CWG team, planning meetings during Phase 1 were often duplicated, meaning two separate meeting dates and times would be set, and staff would attend, online, whichever meeting s/he could. The richness of some ideas and discussions, though sector specialists would try to mimic or duplicate ideas and agendas, were sometimes lost or diluted. Though many, if not all, of the Corrections staff had established professional relationships, the sector specialists did not establish relationships either with each other or with Corrections staff. The sector specialists did meet by regular teleconference and occasionally face-to-face with the Manager whose role it was to recruit CWG members and liaise with the ELES-W project. This liaison role proved important in helping the sector specialists understand BC Corrections Adult Custody, the day-to-day workplace environment, and the various cultures of practice within the sector.

The commitment, fortitude, and humour of the CWG team, all of whom but the sector specialists were voluntary members, were of paramount importance throughout the life of the project. For example when at the end of phase one, one of the two sector specialists needed to leave the project and a new person was assigned, the team was sufficiently established and welcoming as to avoid delays in the shift to the action of Phase 2. Additionally, though the majority of Corrections staff remained with the project for its entirety, conflicting schedules, vacation leaves and transfers resulted in understandable changes in membership. Notable is the fact that six of the nine correctional centres had two or more members on the CWG team. Internally, at their respective centres, members reported having a "louder and more effective voice" when discussing literacy and essential skills in their centre than if only one person had been involved in the project. Also, progress reports and input from centres to the CWG, especially during the action phase of the project, was consistent even when one member was absent. Conversely, centres that were represented by only one person were noticeably absent at times. However, given that members were participating not only voluntarily but 'off the side of the desk', it is a positive note that more members did not need or choose to stop participating over the three-year project.

Notably related to the time commitment asked of the CWG is the response rate by CWG members to the final online survey conducted in March 2012. The response rate was 51%, sufficient to garner useful feedback but much lower than anticipated. Follow-up discussions indicated that members experienced a loss of momentum regarding the project once the action phase completed. As one member put it, "I was really surprised the ending came on

so fast. I really thought we would be working with you for much longer. I hope we continue this work somehow." Another member apologized: "I'm sorry I didn't join all the meetings or answer your survey. I have so little time to fit literacy work into my day. I would rather use the time I do have to do the doing, not talk about the doing."

Overall, the Manager played a key role in maintaining a broad perspective on the CWG when recruiting new and replacement members, and functioned 'behind the scenes' (from the sector specialists' perspective) to sustain a sense of ownership and involvement of the Corrections staff with both the action research process, implementation of literacy interventions, and ability of the project team to work together.

Action Design

The CWG members provided input and guidance to the sector specialists to develop an online survey tool which corrections centre staff could answer with anonymity. The intent was to collect background information as a contextual precursor to examining where and how literacy is, which could be embedded in the normal culture and practice of adult custody centres. Questions and requests for comment were framed with three primary aims:

1. Capture what knowledge or awareness of literacy in general, and the ELES-W project in specific, existed prior to the survey;
2. Capture examples of current practice, culture and behaviours as regards inmates with low literacy;
3. Elicit comments and suggestions around strengths, opportunities for and barriers to further embedding literacy in correctional centres.

Due to technical difficulties, an online meeting scheduled with the CWG to review and discuss the first draft of the online survey could not take place. Therefore the sector specialists sent an email invitation to the intended participants to either respond to questions by email or speak one-on-one by telephone. This provided an unanticipated opportunity to engage in longer, more in-depth discussions around not only the purpose for the survey but also the 'lay of the land' in BC correctional centres in specific and the intentions of embedding projects in general.

One of the topics discussed in these more lengthy one-on-one conversations was the "artificiality" of the Corrections environment. For example, it is disciplinary in nature and the average length of stay for those in remanded custody is only 37 days; the average length of stay for sentenced inmates is 72 days. As one CWG member expressed it: "Inmates are here under a lot of stress and thinking about the day after they get out, not about what learning they can do for the days they're with us." Additionally, the mind-set of most inmates, according to one interviewee, is that front line, correctional officers (COs) are not perceived as resource people providing day-to-day assistance; they are more often perceived by inmates as those "with the power to say yes or no"; as someone who "can make someone's life

tolerable or miserable." Most COs were not perceived as being in the best position to provide literacy supports to inmates as their demeanor and focus had to necessarily be on safety and population control, not on developing empathetic or trust relationships. In some correctional centres, however, COs are also case managers, who have an existing resource relationship with inmates. In these situations, greater opportunity for developing rapport with inmates with low literacy was perceived. Of special note was the Integrated Offender Management (IOM) pilot program, where case managers intentionally have small case loads and have both the time and mandate to get involved with all levels of inmate supports and pre-release plans.

Conversely, a different one-on-one conversation following the online survey indicated a high level of engagement and commitment by front-line workers to supporting low literacy inmates: "Engaged staff will often take it upon themselves to help inmates with low literacy skills and ask teachers for guidance." The main barriers to ELES-W expressed by this interviewee was not lack of desire or commitment but a lack of policy or procedure to direct COs dealing with low literacy inmates. This, coupled with a lack of staff training, leads staff to view LES as outside the scope and mandate of their job description.

Notable from these discussions and CWG meetings was the pre-existing awareness amongst many CWG members of the broader concept of low literacy skills as being an issue 'joined-up' with, for example, criminogenic behaviour, mental health and employability, in which all employees have a role to play. However, most CWG members also predicted, accurately, that the majority of Corrections staff would see literacy skills as a formal program to be delivered by trained teachers or tutors. It was then recognized that CWG members had an important role to play as literacy advocates in their centres for staff to come to understand that the intention of ELES-W was not to develop new programs, but to look at their day-to-day engagement with inmates and look at ways the system, forms, and other disseminations of information makes it easier or harder for staff to engage low literacy inmates.

CWG members acted as advocates in their respective environments, distributed flyers and invitations to participate in the online survey, posted the survey link for access, and initiated announcements and discussions at regularly scheduled meetings. In so doing, CWG raised awareness amongst staff of the project intentions as well as general issues surrounding low literacy and essential skills.

Action Impacts

By the end of March 2012, two anonymous feedback surveys had been completed by both CWG members and Corrections staff. A summary report was presented to and discussed with the CWG, and further email and telephone exchanges provided additional context and input to the overall assessment.

This process, coupled with the progress reports provided by the CWG members during the action phase of the project, had an amalgamating effect to help develop consistent literacy support strategies and recommendations while at the same time showed diversity in the way centres chose to implement their respective action items.

Most centres had a strong team approach to implementing interventions, either coupled with existing plain language teams or with literacy teams that formed due to the ELES-W project. Many involved community networking and partnership development, and some teams involved inmates in hands-on activities. While some centres identified action items that could readily build on existing initiatives, others chose to focus on specific areas of identified need. Some incorporated staff, and in one case inmate, training once needs had been identified. Others pursued relationships, resources or inventories to support literacy initiatives beyond the life of the project. Many CWG added the topic of literacy and essential skills to routine staff meetings to garner support for the interventions.

Raising awareness was a key and consistent theme at all centres. Because the link between low literacy and/or employability skills and criminogenic behaviour is well recognized within BC Corrections, this awareness raising went beyond "preaching to the choir." However, the researchers observed that the broader concept of literacy beyond a programming need was initially not well recognized. Efforts focused on the more extensive definitions of literacy and how front line workers' day-to-day interactions with inmates could benefit from this increased awareness. Because the primary aims of the ELES-W project were to raise awareness about literacy and essential skills, and to develop 'do-able', every-day literacy supports and approaches useful to Corrections staff, the impacts listed here highlight that focus. When choosing action items, CWG were mindful of the different contexts of the various correctional centres, and interventions were chosen accordingly. For example, the researchers observed that there is a different culture and attitude depending on if a centre is for largely sentenced offenders, those remanded into custody (a number of who are non-English speaking refugee claimants[7]), a women's centre, or a combination population. What is considered 'do-able' at a centre where the entire population is sentenced for a substantial period of time, and involved in social and/or training programs is quite different from what is possible in a population that is highly transient and often over-crowded.

Necessarily, a relatively small window of time was used within which to both implement and assess interventions. This project did not assess or monitor individual ELES-W skill sets of either staff or inmates, though awareness-raising activities can directly impact skill acquisition and enrolments over time. As well, a number of interventions will, no doubt, continue, and continue to be improved upon, as a result of the work established during the intervention time frame.

The 15 sets of data and information reviewed in-depth for this report were chosen because, with respect to their design and methodology, they provided the most credible and inclusive perspectives on the effectiveness/ ineffectiveness of the ELES-W project. However, these

7 The researchers noted an area for future study which was beyond the scope of this project and somewhat extraneous to issues of LES. BC's remand centres must often house refugee claimants who neither speak nor write English. In-situ ESL translation service is often provided by fellow inmates, with little means by centre staff for verification of accuracy or comprehension. CWG members did not identify immediate concerns but did indicate this as an area of growing need.

sets of information vary in their strengths and limitations and none can stand alone as definitive proof of impact. Taken together, these data represent evidence rather than proof. The conclusions provided here are considered to be reasonable inferences from the findings reported.

Significant impacts

A general increase in awareness of the broader definition of literacy and essential skill acquisition beyond that of formal GED or ABE programs

Corrections staff have a comprehensible focus on the best interests of inmates in their care. It is understandable, especially in an environment that provides numerous formal programs for inmate rehabilitation and training, that literacy would be perceived in a similar vein. At the project outset, most staff saw 'literacy' as being synonymous with 'academic upgrading', as a formal program to which low LES inmates should be referred. The notion that embedding literacy strategies in the daily environment could have a positive spin-off for staff, through reduced inmate frustration and misunderstanding, for example, was not readily apparent in the initial months of the ELES-W project. While the provision of high quality adult literacy curriculum and tutoring continued to be recognized as important, there was an overall increase of 30% in awareness amongst surveyed staff of literacy supports and services, which could impact the day-to-day interactions between staff and inmates.

An increase in the potential for corrections officers to positively influence inmates with low LES skills

To raise awareness and garner support for the identified interventions, many CWG added the topic of literacy and essential skills to routine staff meetings. This precursor to action was, in itself, a vital activity. For example, the link between low literacy and/or employability skills and criminogenic behaviour is well recognized within BC Corrections, and one of the five strategic goals of BC Corrections includes a commitment to "Provide programs that are responsive to offenders' needs, such as literacy, essential skills, and pre-treatment preparation."[8] Staff are therefore well aware of low LES skills as an issue of importance to inmates. However, the broader concept of literacy beyond a programming need was not well recognized. Nor was the concept of day-to-day literacy supports being of potential value to staffs' engagement with low literacy inmates. CWG members became literacy champions at their centres, posting and explaining tips sheets, which were developed and provided by the sector specialists, on recognizing and responding to low LES and ESL adults, and advocating for the use of plain language. Comparative surveys indicate a 63% increase in the number of respondents who noted a growing involvement of staff in identifying and supporting inmates with low literacy.

8 http://www.pssg.gov.bc.ca/corrections/pdf/strategic-plan-2010-2013.pdf

Centres benefited by increasing the skill of staff on literacy and/or clear language teams

Concurrent with the ELES project was an initiative to revise the *BC Corrections Adult Custody Plain Language Field Guide*. BC Corrections had an established team of corrections employees (the PL team) to function as a working group for this initiative. A few members of the PL team also joined the CWG, creating fruitful overlap. When the sector specialists were asked to develop and deliver online training in clear language to the PL team, it had the added benefit of informing the entire CWG who, with support from the sector specialists, began to work at their respective centres to identify and revise forms and documents for clear language and design. Additionally, three centres began work on designing and drafting a brief Inmate Information Guide in plain language to compliment the lengthier, official information guide *What You Need to Know.*

A number of literacy-rich activities were already in practice prior to the ELES-W project interventions. For example, inmates at several centres are involved with designing and making artistic, graffiti-style posters and newsletters, and both COs and inmates are often seen helping low literacy inmates decode and complete forms. CWG members reported that additional training in clear language and design informed and enhanced efforts to involve inmates in the design and wording of event and program announcements and literacy promotion posters.

Bulletin boards proved to be a particularly useful area on which to focus clear language and design efforts. Sector specialists provided a tips sheet for corrections staff to refer to when updating not only the wording of signage but also the physical layout of bulletin boards. CWG members took before and after photographs for the consideration of other centres.

An increase in awareness of the need for literacy sensitivity training for front-line staff

> *"The greatest need is that of adequately trained staff with the time to address this inmate need."*
>
> — Survey respondent

Inmates with the lowest literacy and essential skills are often facing multiple issues such as mental health, anger management, or substance abuse, and there are consequently specialized units or programs within centres where employees are better equipped and have time to develop empathetic relationships with inmates. Those with specialized jobs (e.g. those who work with or assess high-risk inmates) have existing skills that include motivational interviewing and pro-social modeling. Supplemental information on recognizing and responding to inmates with low literacy was an obvious 'fit' in these situations.

Conversely, it was and continues to be less evident to most line workers how their day-to-day work practices could include literacy development techniques that positively influence inmates. While case managers were readily seen as resource personnel, with the time and capacity to provide specialized supports to inmates, those whose jobs focus on the health and security of inmates are, understandably, less inclined to voluntarily take on additional

work responsibilities, which embedding practices are perceived to involve. Nevertheless, surveyed employees showed a 14% increase in requests for information and training on how best to respond to low literacy inmates. Additionally, CWG members were much more likely to identify do-able strategies and means for front-line staff to assist inmates with low literacy and ES skills. It was recognized that embedding LES happens at various levels and in various ways, and that, over time and given more opportunity to increase their understanding, most staff would come to the same realization.

> *"This training should be essential." "Without literacy our primary goal of correction would not be possible."*
>
> — Survey respondents

An increase in awareness for clear procedures, prompts and standards for dealing with low LES inmates

> *"If we're now being asked to take on this literacy sensitivity stuff, just tell me that it's part of my job and tell me what to do."*
>
> — Participant at literacy training day

The adherence to strict standards and policy is an essential component of providing safe population management and rehabilitation in BC's correctional centres. At the same time, staff are very aware that Adult Custody must be responsive to changing and growing external demands, which often necessitates changes in these policies and procedures. A constantly changing environment, with a constantly changing inmate population, can be a stressful situation. Additionally, staff are mindful that their own performance evaluations will include their ability to adhere to workplace protocols. Therefore, it is not surprising that a fair amount of reluctance and resistance to embedding LES strategies in staff's day-to-day work practices was initially evident. A large number of corrections officers surveyed expressed concerns that an added expectation to take on an empathetic, supportive role vis-à-vis low literacy inmates could jeopardize the role of uniformed, law enforcement personnel. 97% of staff surveyed rated 'clear, consistent policies or procedures for inmates with low literacy' as either extremely important (69%) or important (28%).

Added to this concern over a lack of clear policy was the fact that the ELES-W project, by design, did not provide a straightforward set of 'do's and don'ts'. Staff were being asked to contribute to a discussion of what would or would not be appropriate activities in their respective centres, which was a source of frustration for some.

Numerous, positive examples were evident that many staff are engaged with and often provide in-situ assistance and referral to low LES inmates. The highest degree of frustration stemmed from concerns that staff were being asked to take on an added responsibility without clear understanding or direction of how or what, precisely, they were to do. CWG members provided examples of where and how a standardized set of prompts and procedures, similar to those employed by many case managers, coupled with staff training,

would help provide sustainable 'buy in' and confidence amongst all levels of staff to embed literacy supports in the corrections environment.

> *"Staff members are saying 'Just tell me step by step what is expected of me and how I should do it'."*
>
> — CWG member

An increase in confidence among CWG members in relation to practical ways to embed literacy in correctional centres

The role of the Manager as a champion of the efforts of the CWG team played a crucial role in the project. CWG members from each centre were intentionally recruited to the project based on interest and experience, and the wide variety of perspectives proved invaluable to the creation and sharing of LES embedding ideas and products. When surveyed, 70% of the CWG respondents indicated they had learned new and useful information and embedding techniques or had otherwise contributed positively to the literacy efforts at their own and other centres. A further 20% felt that literacy interventions were already well established at their centres and felt positively about providing mentorship and example to others. While a lack of time and fiscal restraint was noted, not surprisingly, as the biggest barrier to increasing embedding strategies in correctional centres, CWG members cited numerous examples of practical, cost- effective methods to provide an enriched literacy experience for inmates.

> *"This initiative continues to grow here and I foresee it becoming bigger and better as more staff become aware of the potential it offers."*
>
> — CWG member

A reported decrease in the number of inmates asking corrections officers to read or clarify information posted on information bulletin boards

> *"[There is] less confusion, [inmates are] able to help themselves and locate resources"*
>
> — Survey respondent

People employed in correctional centres readily understand the link between low literacy skills and behaviour. The frustration experienced by any adult unable to decode needed information is exacerbated in a high-stress circumstance such as incarceration. While CWG members and surveyed staff were able to provide many examples of where staff and fellow inmates will readily help a low LES inmate in need, it was also understood by some that by stepping in to do their reading or writing for them, staff were often contributing to an inmate's low self-esteem. Opportunities to revise the content and layout of bulletin boards and signage proved to have great uptake. By increasing an inmate's ability to access and comprehend important information without having to risk the stigma of asking for assistance, staff reported seeing a decrease in not only misunderstandings but also in frustration levels amongst low LES inmates.

> *"To manage inmate behaviour, we need to make our expectations clearly and easily understood, so that misunderstandings do not happen."*
>
> — Survey respondent

A number of links between community-based literacy organizations and correctional centres were strengthened, and some were made that had not existed before

> *"Due to the short duration of most sentences it is not always possible to provide instruction or assistance that addresses low literacy levels. By the time we have figured out that low literacy is an issue the offender is often released."*
>
> — CWG member

The average length of stay in a provincial correctional centre in BC is currently 72 days. Those in remanded custody stay for half this time. This is recognized as a large barrier to fully engaging inmates with low literacy. Connecting them to volunteer tutors, literacy resources and LES programs that may be accessible post-release was recognized by many as an important strategy. Additionally, time constraints and fiscal realities have been motivators for literacy champions at several centres to connect with outside organizations that provide literacy training, reading materials and expertise in LES. CWG members from these centres were instrumental in providing example to others, and one CWG member made a database of programs, services and organizations in the province, to which the sector specialists were able to add. As is often the case, however, keeping a database up to date is very time consuming, and it was soon recognized that centres benefitted more directly when linkages with specific people or organizations were made.

Understandably, correctional centres with established relationships with community-based literacy organizations had more established LES activities underway prior to the start of the ELES-W project. In two centres that did not, CWG members took it upon themselves to contact the Literacy Outreach Coordinator in their region, which resulted in literacy presentations, staff training and improved liaison with community volunteers.

> *"We have a good relationship with [our community literacy organization], and we work as a team to improve our programming."*
>
> — CWG member

A change in thinking among many Corrections staff regarding their role and responsibility to engage appropriately with inmates with low LES

> *[The embedding of literacy and essential skills in this environment is] "100% foundational to the interventions and programming efforts we make as an organization."*
>
> — Survey respondent

Raising awareness amongst Corrections staff about literacy and essential skills was one of the two primary aims of the ELES-W project. And while the development and implementation of literacy strategies and approaches were also successful over the life of the ELES-W project, their continued growth and development over time would not be possible without having achieved a shift in the thinking about literacy, and the role Corrections staff have to play in supporting low LES inmates. This shift in thinking is very evident, and efforts to deliver training, establish and enhance literacy interventions, and further engage front line workers in LES efforts are consequently well underway.

Most notable was the growth in understanding of the broader definition of literacy and the broader range of supports and services that may be entertained by correctional centres. For example, an initial survey of Corrections staff most often identified school programs, volunteer tutors (where existent) and training programs as illustrations of the successful literacy supports at their centres. Much less frequent were examples that fall outside of the traditional programming categories of support such as staff's use of clear language, pro-social modeling of literacy, and the use of visual aids.

Conversely, the prior knowledge and understanding of the members of the CWG team was evidently more nuanced and developed; many were recruited to the team by virtue of their involvement with clear language initiatives, literacy outreach efforts and understanding of the project intentions. The task became, therefore, how to both create opportunity and space for the sharing of this existing knowledge as well as encourage the involvement of others in the development and implementation of new strategies and approaches. CWG members who worked as teams at their respective centres were highly effective, especially given the relatively short time frame examined in this report, at overtly and covertly slipping literacy 'jargon' and topics into the everyday workplace environment at both formal and informal meetings. In a survey given at the end of the examined time frame, formal programming continued to be mentioned but so were practical, day-to-day strategies that staff could use themselves in their interactions with inmates (mention of these strategies had increased by 30%). The recognition that LES interventions stood to not only benefit individual inmates but also the daily interactions of staff with inmates had also increased.

> *"Even if I only have a few minutes at muster to talk about this, it gets people thinking about literacy in new ways."*
>
> — CWG member

Challenges

By looking at all nine correctional centres, there are identifiable factors that influenced the success of the ELES-W process:

The history of interactions between Corrections staff and classroom teachers
When positive relationships do not exist between school district teachers and BC Corrections staff, more time and effort is required of staff to access resources, strategies and approaches for working with low LES inmates.

The history of collaboration with community-based agencies and organizations
It was more difficult to develop new relationships with community-based literacy organizations in larger communities. In smaller communities, outreach was more direct, but some smaller organizations lacked the resources or mandate to include correctional centres in their community literacy development plans.

The policy and procedure surrounding staff training
It was difficult to develop or implement formal staff training in LES due to the review and approval process required by BC Corrections. The various literacy training opportunities provided by community-based literacy organizations at correctional centres were infrequent and did not provide staff with the formal recognition that they received from other credential-producing course work. This had a negative impact on participation levels.

The policy and procedure around modification of print documents
It was not possible to revise all identified forms for clear language and design due to the formal review and approval process required by the Investigation and Standards Office.

The commitment and/or capacity of each team's centre to support LES work
If a CWG member was not fully supported by his/her management, or was not working as part of a team, LES interventions were more difficult to implement and the stress on staff members was higher.

Implications for Policy and Procedure

In order to sustain and continue the efforts to embed literacy and essential skills into the correctional centre environment, the following recommendations are offered to policy-makers, school districts, and literacy organizations:

Include all provincial correctional centres in the planning and designing initiatives of District Literacy Plans.
Each school district in BC completes annual district literacy plans. This community literacy planning process, supported by Literacy Outreach Coordinators (LOC), brings together and assists community organizations and service providers to address local literacy needs. Reliable outreach by LOCs to all provincial correctional centres would serve to consistently link literacy expertise with Corrections staff working to embed and enhance LES strategies at the nine provincial correctional centres in BC. Enhancing community literacy networks with regular input from BC Corrections will also function as a bridge for low LES inmates to transition from correctional programs to community-based literacy supports.

Recognize that planning, networking and designing are essential for the successful embedding of literacy and essential skills into the corrections environment.
The work and training requirements of literacy team members at correctional centres should be embedded into the job descriptions of appropriate Corrections staff. In addition, centre budgets should fund the costs to cover replacements for staff involved in literacy planning, design and training initiatives.

Develop provincial standards that provide clear expectations, procedures and training at various levels for staff members who come into contact with low LES inmates.
Approaches to providing support to low LES inmates is highly variant and dependent on the type of interaction and relationship that exists between staff and inmates; what is possible and expected of, for example, of a case manager or program facilitator is necessarily different from that of a front-line worker. A 'one size fits all' set of interventions is neither practical nor appropriate at either the staffing or centre level. However, best practices in recognizing and responding to adults with low literacy are, and should be, provincially articulated and include formal opportunities for staff to receive appropriate levels of literacy sensitivity training.

Develop provincial standards for the clear language use, design and layout of all print documents, signage and forms accessed by inmates.
All print documents provided to inmates, including those from organizations and agencies outside the purview of BC Corrections (e.g. Housing, Mental Health, Employment, Education, service organizations), should adhere to provincial standards in clear language and design. Providing inmates with clear information in consistent and recognizable formats should minimize opportunities for non-compliance, misunderstanding and error. The standardized use of colour, document layout, icons and other visual aids should be implemented for all documents, bulletin boards and forms produced by BC Corrections. Individual centres necessarily produce internal signage and forms; literacy team members and interested staff should receive training and support to produce, review and edit print documents to adhere to provincial standards.

Recommendations for future study and consideration

Establish a framework for the development and monitoring of ELES standards and practices in provincial correctional centres.
As is also found in the broader community, a tension exists in correctional centres between the standards and goals of formal education and the definition and purposes of adult literacy interventions. While the former involves provincially articulated outcomes and the use of standardized assessment tools, the latter derives its strength from a tolerance for ambiguity and responsiveness to the identified needs of an individual and/or location. While this is one of the biggest strengths of efforts to embed literacy strategies in the environment, it is also its weakness. Applying accountability measures and comparative studies into the effectiveness of various LES approaches and strategies are problematic, which typically has a negative impact on securing or sustaining funding. However, to impose uniform assessment processes, developed for use by formal education programs, or to mandate a prescript set of literacy

interventions onto all correctional centres would necessarily narrow the range of approaches and responses essential to its effectiveness. The best solution, it would readily appear, is to simply encourage and support the ongoing embedding efforts of the literacy teams established at each correctional centre. After all, who better to identify whether an approach or strategy is being effective than the people surrounded by its effects? However, this would neither honour nor address the commitment of BC Corrections to being an evidence-based organization. Demonstrable adherence to high standards for the management and care of offenders and those remanded into custody is their primary focus. Additionally, Corrections staff on literacy teams, though dedicated to and enthusiastic of literacy interventions, are not and should not be expected to become literacy experts or evaluators. An opportunity exists for B.C. Corrections to work closely with its provincial literacy organizations to establish a framework for the development and monitoring of ELES-W standards and practices in provincial correctional centres.

Work with Probation Officers, Literacy Outreach Coordinators and School Districts to arrange pre-release liaison to adult literacy programs suitable to the needs and goals of the individual.
The long-term purpose for embedding literacy and essential skills strategies into correctional centres is to, ultimately, benefit low LES inmates. While the assessment and monitoring of individual inmates' LES skills was beyond the scope or mandate of this project, much was gleaned about the opportunities for and barriers to learning at provincial correctional centres. Most notable is that the average length of stay for those sentenced or remanded into custody is often too short to fully engage, motivate and enroll an individual with low LES into formal, academic upgrading programs. Also, those inmates with the lowest LES skills are infrequently suitable for classroom-based, formal learning due to the behavioural and attitudinal challenges that often go hand-in-hand with the lowest literacy levels. Additionally, those correctional centres that have the value added service of volunteer tutors working one-on-one with inmates, while effective for a time, are seldom able to facilitate the essential continuity of literacy support upon release into community. Inmates rarely remain in the geographical region in which the correctional centre is located, nor do they often self-refer to community-based literacy programs upon release. An opportunity exists for case managers and classroom teachers at correctional centres, and probation officers in community, to work closely together with LOCs and school districts in their region to arrange pre-release liaison to adult literacy programs suitable to the needs and goals of the individual.

Undertake a comprehensive, longitudinal evaluation to measure the long-term outcomes and impacts of ELES-W on incarcerated adults.
If the outcomes and impacts of embedding literacy and essential skills are to be known vis-à-vis offenders, the implementation of a seamless transition from correctional-based to community-based learning must first be established. Consequently, the implementation of a provincial outcomes and impacts reporting system would provide useful ongoing information. It would then be possible to undertake a comprehensive, longitudinal evaluation to measure the long-term outcomes and impacts of ELES-W on individual adults managed or supervised by B.C. Corrections.

Implications for provincial and national application

A number of the findings and recommendations stemming from this evaluation have the potential for broader audiences and applications:

Clear language and design

There are a number of significant problems with regards to low LES adults accessing and understanding required information, which could be lessened through the consistent and persistent application of clear language and design (CLAD) standards to print documents, forms and notice bulletins. Government agencies and social service organizations can mitigate frustration and error, and consequently reduce staff time and agency budget needed to react to and/or rectify problems, by adhering to best practices in CLAD. Services among others, such as housing and social development, employment services, mental and physical health, Corrections and probation, all of whom are known to disproportionately serve low LES clients, have an opportunity work with CLAD and adult literacy experts to develop new or employ existing standards, and, more importantly, provide training for staff and others involved with the production of requisite forms, bulletins and print documents.

Time versus time

Many adults with low literacy skills dislike and distrust traditional adult learning environments. While the need to spend time developing trust relationships, which can facilitate attitudinal shifts towards returning to formal learning is understood by most service providers, less understood is the actual time required for low LES adults to move from the lowest levels of literacy to levels of modest improvement. With the best of intentions, service providers in correctional, employment and social service organizations may encourage or mandate a low LES adult into LES classes or programs for which they are ill-suited, or in which they are unlikely to succeed if given too short a period of time to do so. Unwittingly, service providers may recreate a negative learning experience for low LES clients who, most likely, have already had a number of past negative learning experiences. Researchers have an opportunity to more closely examine the role that the learning time frame and environment has on LES scores and success rates of low-level learners. Policy-makers have an opportunity to work with adult educators and service providers to design learning plans and opportunities that appropriately meet the learning needs of those most in need of LES skills.

Conclusions

The team approach to the Embedding Literacy and Essential Skills in the Workplace project clearly showed that collaborative approaches to identifying and implementing practical literacy strategies into correctional centres, is an effective way to engage and support staff that encounter and are impacted by low LES inmates on a daily basis. The informal learning that is made possible by the positive interactions of low LES inmates with correctional staff, as well as print and processes that are sensitive to their literacy needs, has the potential to reduce frustration, confusion and misunderstandings, which benefits both the inmate and, by extension, the correctional environment itself.

The Corrections Working Group team whole-heartedly tackled a hefty and complex issue with both humour and professionalism, which bodes well for their future endeavours. By becoming a learning community with a free exchange of ideas, problems and solutions, they demonstrated why networking both between individual centres and with broader community partnerships is the most effective way in which to situate and implement LES interventions that aim to better serve a transient population.

Adult literacy practitioners know that literacy is a sociologically 'joined-up' issue, and that approaches to interventions that connect literacy development to everyday, practical needs and activities go a long way towards engaging and motivating low LES adults. Formal education and training programs consequently do better in environments where they are one of many literacy-rich opportunities for learning. The Embedding Literacy and Essential Skills in the Workplace project learned that a wide variety of interventions over a sustained period is necessary to appropriately shift a correctional culture to a learning culture that fully supports low LES inmates as they strive to address thinking and behaviour patterns that are not conducive to learning and are known to contribute to crime and recidivism.

Ongoing support for the embedding approaches and strategies initiated or enhanced over the course of the Embedding Literacy and Essential Skills in the Workplace project is essential to maintaining the crucial 'buy-in' of staff and momentum of these activities. Many exciting opportunities exist to standardize provincial policy and processes, which, alongside support for innovative and responsive approaches to ELES-W at individual correctional centres, provides potential to undertake long-term impact and outcome studies of the disproportionately high number of low literacy adults under the control and management of B.C. Corrections.

> *"Engagement and motivation of front line workers is essential but may be the biggest challenge. As long as we keep talking about it, awareness will increase and people will begin to see how this can make a positive difference in their day-to-day interactions with inmates."*
>
> — CWG member

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ABORIGINAL SECTOR

REPORTS

Action Research Report

Description of the sector

The Embedding Literacy and Essential Skills in the Workplace Project (ELES-W) in the Aboriginal sector is housed in the BC Association of Aboriginal Friendship Centres (BCAAFC), a nonprofit association representing 25 BC Aboriginal Friendship Centres. The BCAAFC is operated out of Victoria, BC. Friendship Centres are autonomous societies that determine their own programming, establish their own policies and procedures, conduct hiring and all matters associated with human resources. The BCAAFC acts as a resource to Friendship Centres providing support in human resources practices and organizational development.

The BCAAFC office is directed by a 30-person board of directors including a voting delegate from each member Friendship Centre and five dedicated youth votes (the Provincial Aboriginal Youth Council). Each Friendship Centre is also governed by a volunteer board elected from within their membership.

Aboriginal Friendship Centres were established in 1950 to respond to the needs of urban First Nations people moving into cities for work (through funding from the Migrating Native Peoples Program). Friendship Centres started as advocates, connecting individuals with rental properties and assisting people experiencing racism. The first Aboriginal Friendship Centre opened in Vancouver, BC. Today Friendship Centres are the largest association of non-government organizations in BC and are part of a national movement with 119 Friendship Centres across Canada represented in each of the provinces and territories.

As the largest NGO in BC with over 1,100 full time employees and nearly 16,000 volunteer hours logged each year, the BCAAFC is committed to supporting Friendship Centres in their various stages of capacity and development in regards to organizational and human resource

development. Like many industries, we are faced with challenges recruiting and retaining qualified employees, with priority given to Aboriginal employees.

Today Friendship Centres respond to a variety of circumstances with equally varied programming. Programs are delivered with specific local/regional considerations, such as employment counseling, drug and alcohol counseling, education and education planning services, medical programs and services, meal programs, advocacy programs, shelter/housing programs, youth specific programs, day cares, infant development programs, family and elder programs.

The BCAAFC office employs approximately 25 people who contribute to the work of four teams: Organizational and Human Resource Development (OHRD); Finance, Administration and Information Services (FAIS); Programs and Services Team (PST); and Partnerships and Business Development (PBD).

The mission of our organization is to improve the quality of life for urban Aboriginal people by supporting the activities of Friendship Centres in BC.

The purposes of the BC Association of Aboriginal Friendship Centres are:

- To promote the betterment of Aboriginal Friendship Centres in the Province of British Columbia.
- To establish and maintain communications between Aboriginal Friendship Centres and other provincial associations and the National Association of Friendship Centres.
- To act as a unifying body for Aboriginal Friendship Centres. To provide an association for government agencies to communicate through and obtain information from. This, in no way takes away a Centre's right to negotiate directly with any agency.
- To advise the government, when requested by the collective Centres, on how and what programs may assist Aboriginal Friendship Centres in the development of programs to better the lives of Aboriginal people in British Columbia.

The Organizational and Human Resource Development Team (OHRD) engages on a one-to-one basis with Friendship Centres to provide advice when and where it is needed. The BCAAFC office is involved not only as the administrative arm of the Association of Friendship Centres, we also manage contracts from federal and provincial sources to oversee funding distributed to Friendship Centres. Direction of these funds is overseen by a group of volunteers nominated to a committee called the Program Review Committee (PRC).

The PRC is made up of several volunteers with a minimum of three members from BC Friendship Centres: an administrator, a board member and a finance employee. This peer group reviews funding applications, recommends payments and reviews reports. In some cases the PRC may observe areas of concern and request additional information or clarification. The results of this added information may require intervention and support in areas of finance, administration and board governance.

The OHRD team acts as support to Friendship Centres to achieve standard performance levels as determined by the PRC. This might mean introducing new policies or procedures, board training, administrative support/intervention (hiring or firing of senior staff) and, in extreme circumstances, suspension of core funding. This PRC structure was established to remove the BCAAFC from directing its members/directors and to protect the member Friendship Centres from a conflict of interest; directing their own funds and approving their own reports.

Friendship Centres across BC have a wide range of staff compositions — the smallest has five employees, and the largest has 265.

The Back Story

Aboriginal Friendship Centres represent a unique history of grass roots establishment, long-term struggle and the ongoing need to seek funds to implement the solutions to problems seen from the ground level. The result is long standing employees who believe in their work. The majority of Friendship Centres have senior administrators and staff who have worked there for decades. There may not have been a formal strategy to invest in individuals who

showed commitment, initiative or particular aptitudes but these qualities in our staff have strengthened our entire movement.

The example we like to refer to is of a summer student, hired to answer telephones, who was brought back and given added responsibility, groomed by the leadership and eventually ended up in the Executive Director's position and has been with that Friendship Centre for a total of 24 years. The same Friendship Centre has just celebrated the 30th anniversary of their finance manager. These kinds of stories are not the exception, they are the rule. Every Friendship Centre can point to either an employee or volunteer who has served with them for decades.

The BCAAFC provincial office also subscribes to the now deliberate strategy of promoting from within. Our 25-member team has five employees with over ten years of service, ten employees with more than five years of service, and the rest are bracing themselves for a lifelong commitment. Employees who believe the work they are doing makes a difference continue to work for the same valuable cause.

The work we do extends beyond employees and includes our longstanding volunteers at both local and provincial levels. Many members of the provincial board and executive committee provide continuity and extensive corporate memory. Local boards, many celebrating 20, 25, 30, and 40-year anniversaries find themselves connecting with third generation board members - the grandchildren of founding members.

In 2002, the BCAAFC Board of Directors extended voting privileges to youth. The BCAAFC Provincial Aboriginal Youth Council (PAYC) recruits members to the board table at a young age. These young leaders continue to work for their local Friendship Centres and recruit other youth into programs, employment opportunities, volunteer opportunities and governing positions.

The Organizational and Human Resource Development (OHRD) team works closely with boards of directors offering training on the roles and responsibilities of directors. This training is taken as a refresher by past board members and as initiation to newly elected members. Board members bring various skills, abilities and perspectives to the table.

The BCAAFC also invests in the administrative leaders by delivering a Training Academy designed to respond to the specific needs of Executive Directors, program managers, and finance managers of local Friendship Centres.

As a member of the National Association of Friendship Centres, the BCAAFC was invited to participate in a national consultation meeting in Ottawa in 2006 regarding the development of an effective approach to family literacy. From this meeting, the BCAAFC formed the Provincial Aboriginal Family Literacy Working Group, consisting of ten Friendship Centre representatives. The purpose of this working group was to bring together existing community-level expertise in Aboriginal family literacy, to build partnerships with other stakeholders and to steer the development and implementation of a multi-year Aboriginal Family Literacy Initiative within the Friendship Centre movement.

Friendship Centres have a unique approach to service provision for Aboriginal families. In the Friendship Centre model, culture and community are integrated with the provision of education, health and social services programming. Friendship Centres provide both a safe and culturally familiar place for Aboriginal people to gather together in community, while at the same time offering services to address the challenges urban Aboriginal people face. Thus, under one roof Friendship Centres provide such diverse programming as adult basic education, early childhood education, culture and language revitalization, parenting skills courses, drug and alcohol counseling, youth programming, health services, employment services, housing initiatives and many more. In fact, some centres deliver more than 20 distinct programs.

Friendship Centres are also unique in that they provide services for Aboriginal people, by Aboriginal people, and thus naturally design and implement programs that are culturally relevant to Aboriginal people. In addition, Friendship Centres operate on an open door policy, serving people who are status, non-status, Métis or from other backgrounds.

The BCAAFC successfully coordinated two years of Aboriginal Family Literacy programming. This initiative marked an important beginning for the organization, and introduced a process of looking at unique and creative ways to address and weave literacy learning into existing programs and services. In delivering the program, staff became aware of their own literacy strengths and weaknesses.

In 2009 the BCAAFC was invited by the Ministry of Education and Literacy BC to participate in the Embedding Literacy and Essential Skills in the Workplace Project. We were invited to join the research team to occupy the Aboriginal Sector position. Because this offer coincided with the termination of our Aboriginal Family Literacy contract, there was no dedicated staff person to fill the role of sector specialist. However, the leadership team at the BCAAFC recognized the inherent benefit of better understanding the notion of embedding literacy and essential skills in the workplace.

The Aboriginal Family Literacy programs were such an important and successful compliment to the full breadth of programming offered through the Friendship Centres, that we welcomed this opportunity to further develop our understanding of literacy and engage with it in a new way.

The sector specialist began seeing opportunities through the lens of embedding, both at the provincial level in the administrative office and at the community level with front- line staff and volunteers of our member Friendship Centres. Over time and through engagement with the other sectors the concept of ‘action research’ took shape.

As a grass roots Indigenous organization, our exposure to and participation in mainstream research has been limited, creating a steep learning curve. Therefore our sector naturally made adaptations for the concept to be better understood within our context.

The Literacy Audit

A In everyday interactions are literacy and essential skills (LES) accounted for in the ways people interact? How? For example do they check comprehension, try alternative ways to communicate, or otherwise try to make meaningful connection via LES?

On many levels LES are accounted for in the ways people interact in everyday work throughout the Friendship Centre movement. We are especially aware of and sensitive to the difficult history our people have had with educational institutions since the time of colonization. There are serious social consequences to this intergenerational damage that have created real barriers for our people in the development of our LES. Our staff members are often only the second generation of residential school survivors to participate in the mainstream workforce. With this history, little is taken for granted when accounting for LES in our everyday interactions. However, as in all underfunded social service organizations, due to limited time and resources it is not possible to respond and adapt to all situations that arise.

At the provincial office our clients are the staff of the Friendship Centres across the province, while at the local Friendship Centre level the clients are community members. Our sector is unique in that our organization is run by Aboriginal people for Aboriginal people. Therefore, because our staff has many cultural, familial, and educational similarities and ties with our clients, LES questions are essentially the same for both groups.

As local Indigenous culture is rooted in the strength of the oral tradition, it is often the preferred vehicle for communication in the professional realm. This can be both a strength and a weakness, as it can hide low skills around professional writing and/or computer use and the need for education and staff development.

Literacy checks are more easily built in to the work that our community does because we are sensitive to the educational background of our people. For example, Friendship Centres do intake interviews with new clients in order to understand their needs and to assess what services are best suited to those needs. Community members are offered the option of completing the intake form orally as clients may lack the necessary LES (e.g. reading, writing or document use) to complete the form themselves. It is crucial that clients feel comfortable and welcome at this first entry point into the Centre. We do not assume that our clients have or do not have the reading and writing skills necessary to navigate these processes.

Another instance where LES are accounted for is in the BCAAFC's provision of support to program staff in the Centres when we require them to complete quarterly and annual narrative and financial reports. New programs and/or new staff are given extra assistance to facilitate an easier transition into the reporting process. This mentorship opportunity allows frontline staff to develop new skill sets with the direct assistance of their peers in the umbrella office.

B When a new protocol, policy or work practice is formulated or written, are the LES of the READER taken into account? How?

Based on the breadth and overall diversity of the sector, it would be virtually impossible to take into account the LES of *all* levels of readership. There are many layers to this particular area. With respect to policy writing, at the BCAAFC we have a set of policies that, in theory, apply to the entire organization. In actual fact it is management, who has the LES and who are responsible for reading and interpreting these documents while the staff for which they are intended may not. Generally policy and procedure documents are not necessarily written in an accessible way. This same principle applies to the accessibility of the extended benefits package for long-term staff. There are individuals who do not participate in the program based on a lack of understanding or an inability to read and comprehend the complex text.

The manual that has been recently developed (2010) to train new volunteers on the boards of directors of local Friendship Centres provides an excellent illustration of the issue discussed above. There is a large volume of information to convey in this document, yet the 65-page manual outlining the board's legal obligations, their roles and responsibilities, etc. leaves new directors feeling overwhelmed and confused. In order to address this challenge the BCAAFC would like to revisit how it undertakes board-training sessions to better match the audience's LES and more effectively communicate the most important aspects of their new positions. The staff responsible for training new boards feel it would greatly improve the performance of the incoming directors if the presentation that accompanies the manual were deliverable via a PowerPoint presentation, something each board member could keep and refer back to should questions or issues arise after the trainer has gone. Consideration has been given to creating a video clip that could be posted and accessed from YouTube as a reference point for quick and practical answers to some frequently asked questions. Tutorials could also be developed around specific pieces like reading financial statements.

The LES of the reader are taken into serious consideration with all aspects of our Elders programming. Their protocols, practices and policies are continuously developed in a way that is simple and brief. The BCAAFC Elders Council has advanced LES in the areas of oral communication, thinking, working with others, and continuous learning. With this knowledge the program coordinator strives to require less reading, document use and numeracy LES from them in their roles and responsibilities as an Elders Council. Elders are communicated with directly with little to no email or fax correspondence. If members of the council need to receive documents for meetings or travel they are sent by surface mail.

C When a new protocol or work practice is communicated, are LES taken into account? How?

Protocols are regularly implemented without consideration of staff and client LES. An example is the introduction of SharePoint usage into our provincial office. This practice was intended to revolutionize the way staff shared information and documentation. To date, after several training sessions, approximately ten percent of the staff has embraced the concept and practice. Computer use is an area of LES where staff are capable of doing what they

need to in order to meet their job requirements. However, with increasing demand, ongoing development of interdepartmental working relationships, and other cross pollination, staff have no opportunities to improve the LES needed to thrive in their complex positions.

To date, there is no organizational uniformity in the way new protocols are communicated; therefore there is no way to conduct research to assess the effectiveness of the dissemination of information. This could be an excellent opportunity for embedding, as it could be done directly through the implementation of new procedures that would address this lack of standardization.

D Are LES taken into account in training and orientation? How?

There are currently few formalized training protocols in place at the BCAAFC for new staff or staff promoted internally. It is the responsibility of the outgoing staff member to ensure transfer of applicable knowledge and information. This leads to a challenging lack of continuity from one staff to another and is an area that needs great attention.

The board-training manual is one example, as it was not created with the LES of its users in mind. The manual is a dense and very thorough review of Friendship Centres from their inception to present day roles and responsibilities. It is 65 pages long, and is reviewed in a four-hour training session. This handbook is for any newly elected member of any board of directors across the province, regardless of whether one is new to the dynamics of boards in a small, rural, northern community, or a veteran of corporate boards in the city of Vancouver. Addressing the LES needs of both groups is a challenge. Having said that, the orientation manual and training session for new directors has great potential for the development of various integration and embedding strategies. The density of the manual and the technical language used could be adjusted to both improve people's LES (in virtually all nine areas) and improve the board's performance and ability to create synergy within the group. This opportunity could be as simple or as complex as time and resources permitted.

Through the process of this audit, it has become clear that Friendship Centre staff, volunteers, board members and clients are often very strong in one or two of the areas of LES and require support and improvement in the others. Therefore, when developing protocols around training and orientation, it is significantly more difficult, and sometimes impossible, to adapt to all skill levels. It will be interesting to observe whether this is unique to our sector or applicable across all three sectors. Additionally, our internal promotions practice can leave holes where one LES is strong, making the individual a good candidate for aspects of the new position, while other LES are not sufficiently developed to manage all facets of the job.

In order to create the fullest possible assessment of training practices with regard to LES, it is important to explore both weaknesses and strengths in the organization. One particular area of strength that may provide a template for other embedding opportunities lies in the newly developed annual training academy for Friendship Centre management. This experience was created through a very thorough process of interviewing Executive Directors, program

managers and finance managers to best understand their top areas for development. There has been a significant component on numeracy in both academies because participants have flagged this area as requiring the greatest attention. Finance managers have had the opportunity to learn how to best brief and/or train their Centre's staff and directors who do not yet have the numeracy skills (among other LES) to read budgets and financial statements. Competent financial literacy is an integral part to operating effective service agencies.

E Are LES taken into account in on-the-job training and orientation for people in the environment who interact with 'front-line' groups? How?

Although it may not be entirely intentional, member Centres do an excellent job of taking LES into account in on-the-job training for our staff who interact with our 'front line' groups. The reason for this is that the majority of orientation for these staff comes in the form of peer modeling and job shadowing. Embedding literacy is such a valuable concept precisely because learning by doing is highly effective and impactful.

An area for further consideration and development is the Provincial Aboriginal Youth Council (PAYC). The BCAAFC recognized the need to increase youth participation in the governance of the provincial Friendship Centre movement and formed this PAYC in 2005. Since then there have been five voting youth at the table for all quarterly and annual gatherings for the association. In October 2010 the current PAYC approved their first Terms of Reference, which strikes an effective balance between clearly defining roles and responsibilities versus creating a document that is lengthy or technical. Currently this youth council has no official orientation or training process in place for incoming members.

F When peer-to-peer learning, coaching or communication takes place, is LES taken into account? What do people assume happens with peer interaction in regards to LES?

With the internal promotion trend within the Friendship Centre movement, peer-to-peer learning, coaching and communication is crucial to workplace success. There is a wealth of resources contained in the minds and hearts of the individuals who have been working for decades within the Friendship Centre movement. Our success depends not only on understanding our job descriptions, but understanding the greater service model that is the backbone of this movement. The BCAAFC would argue that without intending to, LES are heavily taken into account throughout these interactions. It is human nature to speak and interact from one's own frame of reference. In the indigenous context this includes a certain measure of sensitivity around LES; however, daily interactions are not typically viewed through an LES lens therefore there are easily cited examples of people speaking from their own frame of reference without recognizing that their peer may not have the same background information, training or education.

G What areas should sector specialists focus on to make changes that would significantly impact LES? What are the specific situations or interactions in those areas?

The LES of computer use would be an important area to focus on to help us become more efficient in our professional profiles. This could include learning how to use programs like SharePoint, and also ongoing peer-to-peer training on short cuts and supports available.

Through this action research the PAYC could benefit from the revision of the board training process. The desired interactive format of a board orientation could work well with the youth council and both build their skills and help them to communicate their message farther and wider.

This audit has brought to light the need for increased supports for staff training and orientation, with the recognition that the most effective knowledge transfer in our context is peer-to-peer role modeling and job shadowing.

Mapping Opportunities

We found Tool 3 challenging to work with and instead grasped a more visual concept of the map. We began by identifying areas that came up in the Literacy Audit as well as opportunities that most obviously fit with the subject of this project.

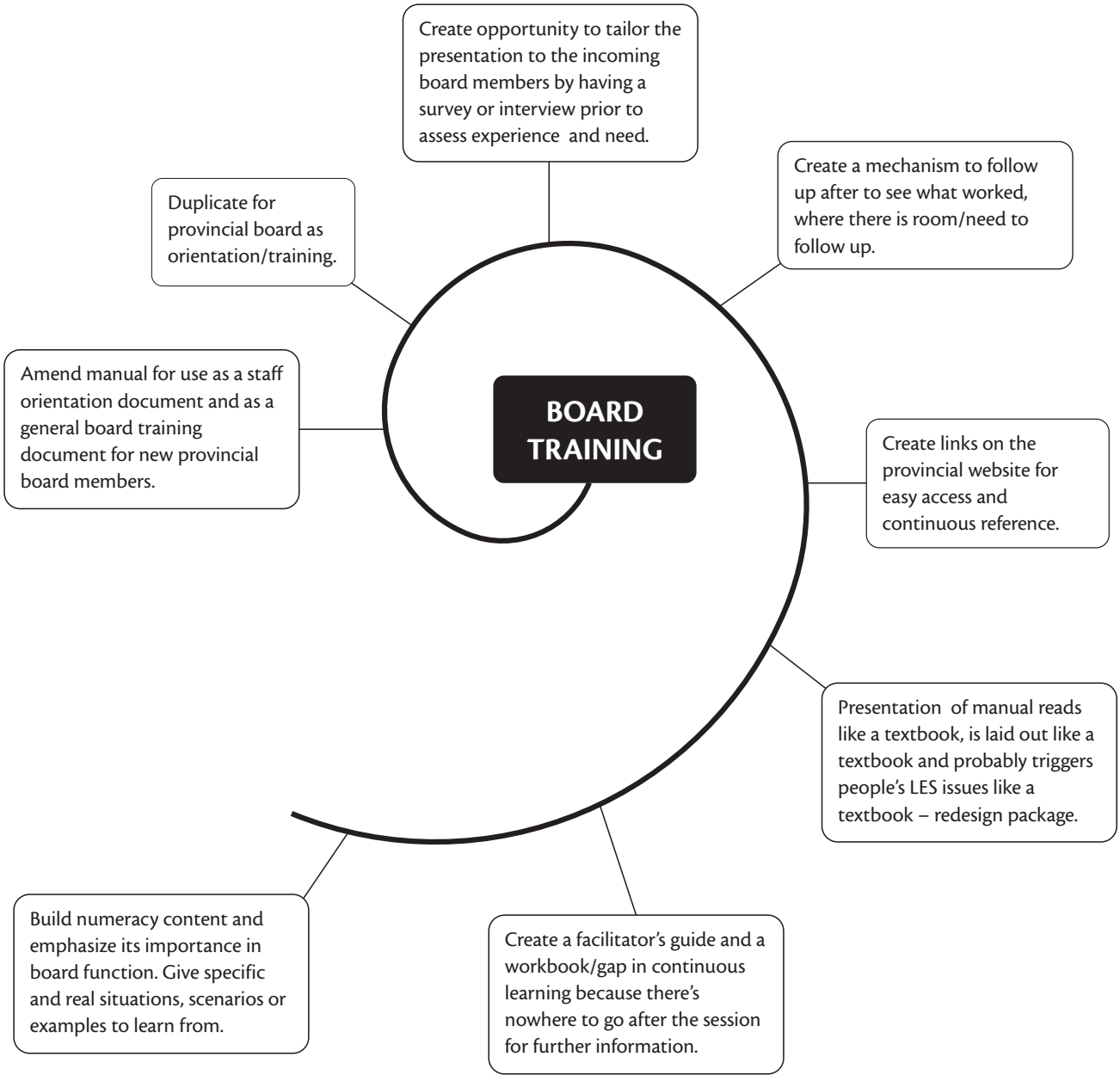
Our sector immediately identified the board training process as the first and most apparent area for action. This action item came up in each stage of the preliminary research. The breadth of possibilities within this one area was extensive as virtually all nine LES came into play in one form or another. We found that the existing training manual was a rich and complete resource that could have a variety of uses, yet was highly inaccessible. We thought we could amend the manual to diversify its usage as well as simplify its content and language. Next we reflected on the actual training session, which addressed the areas of oral communication, document use, and working with others. We worked on the PowerPoint presentation that accompanies the manual and developed a pre-training questionnaire. In this way we were able to tailor the presentation to the group ahead of time. Looking at Tool 3, we planned to incorporate the LES of continuous learning by creating a mechanism to follow up after the training to better understand what had worked and where there was ongoing need for support. We created a post-training evaluation/feedback form that makes it possible to evolve and improve the training for the next group. In order to incorporate the LES of computer use and to help both the Association and the Centres keep up to date, we thought it would be useful to develop video clips that could be easily accessible on our website. In our original map, we had hoped to create a facilitators' guide and a workbook to provide the participants with a resource after the training session to assist with the LES of continuous learning, but this was never developed. Finally, we felt there was a need to build more numeracy content into the presentation, as this is an important function of the board's activity. Again, this area was not developed as we had planned.

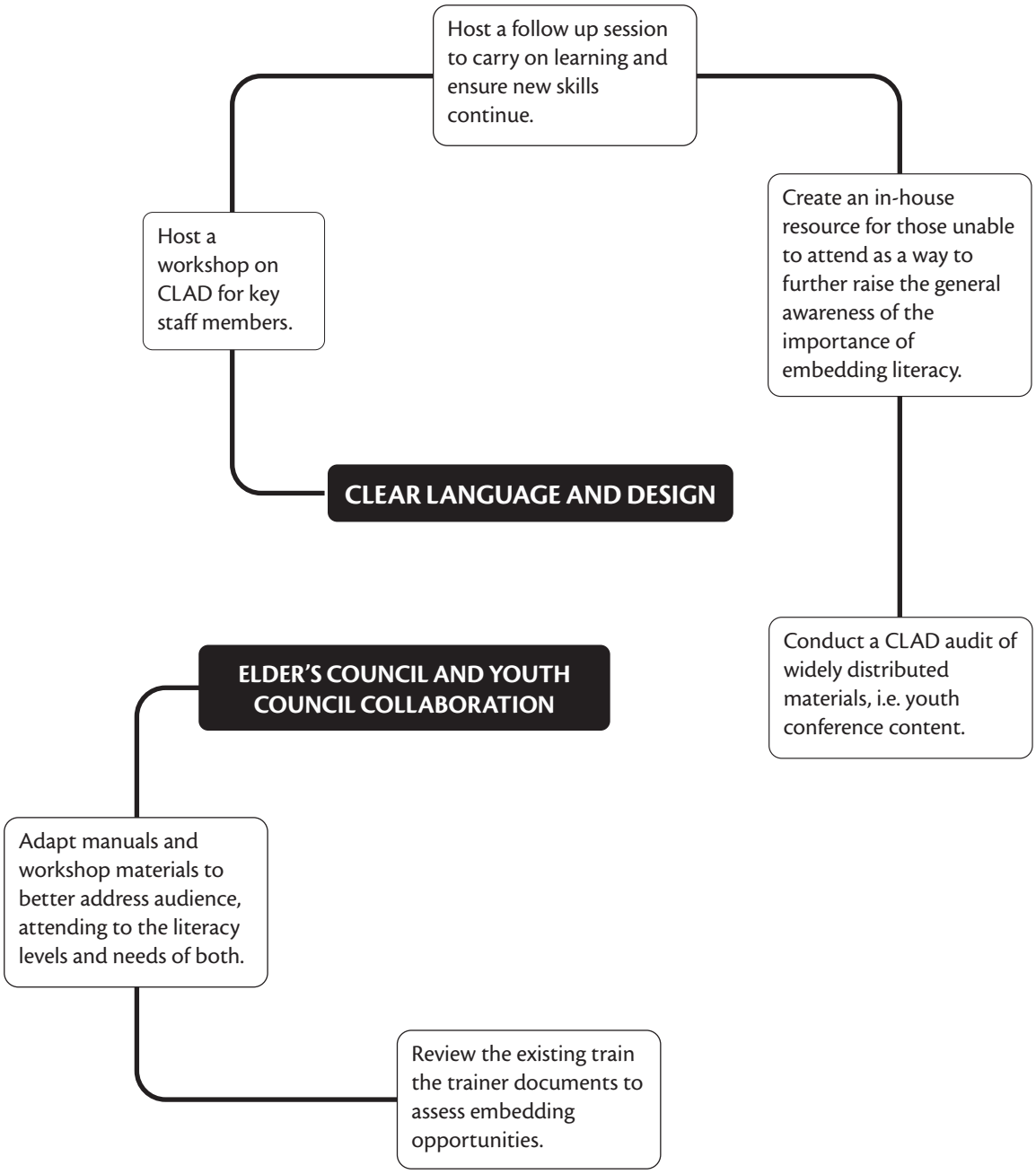
After peeling back the layers of this rich and broad opportunity to embed literacy in our board training process, our sector began looking at other areas for embedding. The sector specialists attended a meeting with the rest of the ELES-W research team and realized the critical role Clear Language and Design (CLAD) plays in applying a literacy lens to the communications of our organization. We scheduled training opportunities for the entire staff at our provincial association office. This was the impetus that we needed to help the BCAAFC understand the process of embedding literacy and to begin to consider the audience in all written correspondence. We were grateful to the research team for enlightening us to the importance of CLAD and sharing their own success stories with us.

The working group helped us identify the Elders and Youth Councils as another rich embedding literacy opportunity. Unfortunately, the program funding did not allow for the time necessary to engage in the kind of work we were hoping to do with either the elders or the youth. We had planned to work with the Elders Abuse Prevention program and embed literacy into the 'train the trainer' portion, but this was not possible. However two members of our working group work with these areas within the BCAAFC and their heightened awareness and understanding of the value of embedding literacy and essential skills will create changes in these areas.

Our final action item is still under development as we write this final report. The working group felt it would be important to work on developing our website to incorporate training and informational video clips. This action requires the coordination of several different people and departments and has proven to be more challenging than we had originally anticipated. Our Executive Director piloted the idea with the inclusion of a video clip in his report at the last quarterly meeting with the board of directors. Both the board and the working group found this to be an innovative way to share information with a diverse population, both in age and in skill level. This led to the idea to include video clips on our website of activities and updates from the provincial office to inform board members from Friendship Centres across the province, as well as funders and potential funders.

The 'map' we came up with to guide our action research is presented on the next two pages.


BOARD TRAINING
Create opportunity to tailor the presentation to the incoming board members by having a survey or interview prior to assess experience and need.
Create a mechanism to follow up after to see what worked, where there is room/need to follow up.
Create links on the provincial website for easy access and continuous reference.
Presentation of manual reads like a textbook, is laid out like a textbook and probably triggers people's LES issues like a textbook – redesign package.
Create a facilitator's guide and a workbook/gap in continuous learning because there's nowhere to go after the session for further information.
Build numeracy content and emphasize its importance in board function. Give specific and real situations, scenarios or examples to learn from.
Amend manual for use as a staff orientation document and as a general board training document for new provincial board members.
Duplicate for provincial board as orientation/training.


Host a follow up session to carry on learning and ensure new skills continue.
Host a workshop on CLAD for key staff members.
Create an in-house resource for those unable to attend as a way to further raise the general awareness of the importance of embedding literacy.
CLEAR LANGUAGE AND DESIGN
Conduct a CLAD audit of widely distributed materials, i.e. youth conference content.
ELDER'S COUNCIL AND YOUTH COUNCIL COLLABORATION
Adapt manuals and workshop materials to better address audience, attending to the literacy levels and needs of both.
Review the existing train the trainer documents to assess embedding opportunities.

Action Research

1. Description of Action #1. What action was taken? Why was this one chosen? What did you do? What did you learn? What are you doing next?
2. Description of Action #2 — same series of questions as used above
3. Description of Action #3 — same series of questions as used above

As mentioned above in Mapping Opportunities, the first and principal action of this project was to address the board training process. This included several actions under this heading. We began by working on the text-based portion of the training by amending the board-training manual.

The original version of the document was 65 pages long with extensive information on both the BCAAFC and the roles and responsibilities of a Friendship Centre Board of Directors. First we took this information and created two separate and unique documents to serve other training purposes. We created a staff-training manual (none had previously existed), to provide both historical and current organizational information to new staff at the provincial office. In a similar way we then created a general board-training manual for new members on the executive committee of the provincial board of directors. The impetus to amend the board-training manual created a ripple effect and the provincial office was able to address these two areas that had been in need of development for many years. Now that the office had a staff-training document we could create a staff training process; this addressed a significant gap, as there had previously been no formal training or orientation for new staff. The length of the previous manual, 65 pages, meant that it had been overlooked as a useful resource for other training needs; with this action item we were able to increase the usefulness of this information.

The work on the board-training manual overlapped with the Clear Language and Design (CLAD) action item as the principles learned in the CLAD training were applied to the document revisions. In addition, Tracy Defoe of The Learning Factor provided assistance in reviewing the manual and made helpful and practical suggestions for changes. The final product, used for the first time at a board training session in November 2011, had many more images to compliment the text and was cut from 65 pages down to 45 pages. As we made the edits to this document, we attempted to keep our audience, board members at various Friendship Centres across BC, in mind making choices about text, wording, layout and design that would aid in their comprehension. Ideally the changes made to the manual would facilitate an easier and more successful integration of the information by all individuals present at the training sessions.

The actual board training session was the next aspect we considered. We began by thinking about the experience from beginning to end, both from the perspective of the trainee and the trainer. We immediately realized that there were several steps missing in the current process. We made a survey to distribute to the group before the training to assess prior knowledge and

to understand if there were specific issues or questions that participants were bringing to the training. This allowed us time to prepare a more tailored presentation rather than a generic one. We sent the survey via email to the Executive Director of the Friendship Centre ahead of time and requested that she distribute it on our behalf. Nine surveys were faxed back to the BCAAFC office for our review before we travelled for the training. This was a very helpful way to get to know the participants previous experience with boards and Friendship Centres before we met them. There were 15 attendees at this training session so we had a 60% participation rate on the survey.

The sector specialists unpacked the actual presentation to assess the current practice and look for ways to embed literacy. We found that the PowerPoint presentation that was used periodically to accompany the training was text heavy and did not conform to our new CLAD learning. We began with a fresh slate of blank white slides and purposefully selected text and images to accompany both the manual and oral presentation. Some of the slides we created were still cumbersome and text-heavy. We are committed to continuously updating this PowerPoint file to best reflect our knowledge and understanding, to respond more personally to specific groups and to implement feedback received from previous presentations.

The final action item within the overarching theme of board training was the development of a training evaluation form. After discussion with the working group, we realized that as an organization the BCAAFC has never distributed evaluation forms after any of our meetings or training sessions in order to receive concrete, written feedback. This is something the Association has decided they would like to change. At the end of the training session we distributed our newly drafted evaluation form and all 15 participants took the time to give thoughtful feedback that allowed us to further improve and evolve the manual as well as the PowerPoint presentation.

We chose the board training process as our first action area because it allowed us to focus on the work the BCAAFC does with a vast number of volunteers from many different walks of life. We realized that the possibilities for embedding literacy were extensive and concluded that improving our training process and our own understanding of our process could only positively affect the training outcome. The BCAAFC is not a front-line organization; our staff work directly with management, staff and boards of directors of the 25 Friendship Centres around BC. Working with the volunteer boards allows us a unique opportunity to train, inform, assist and interact with community members, elders and others interested in the activities of the Friendship Centres. The composition of the boards across the province is as varied as the 25 Friendship Centres themselves, making the job of board training an interesting and challenging one. The more the trainer is aware of who the audience is, the better the chances to embed literacy and improve the training experience for the incoming board. This in turn has the potential to increase the quality of the work the board is able to accomplish.

The second action item we chose which preceded, overlapped and succeeded the board training was Clear Language and Design (CLAD). It became immediately apparent to us that in the world of embedding literacy and essential skills, the use of clear language and

design is foundational. Once we, the sector specialists, understood what CLAD was and its importance, we hastened to invite a CLAD expert to the office to spread this knowledge as far and as wide as possible. The CLAD workshops were exactly what the BCAAFC needed to truly shift the thinking of the organization and to understand for the first time what the ELES-W action research was all about. We invited Tracy Defoe to our Victoria office in May 2011 for the first CLAD training. Much to our disappointment, only five of our staff members were able to attend. These five individuals came away from the two-hour session yearning for more. They shared what they learned with others who were unable to attend and said that it had been the most useful professional development experience of their careers. The sector specialists understood immediately that it would be imperative to schedule a second workshop. This time we invited Tracy back to do two hours in the morning and another two hours in the afternoon to allow staff time to bring questions and examples from their own work. Tracy returned to our office in October 2011 and 16 staff members came to all four hours of the training, including our general manager who has subsequently become a "CLAD champion" in the office. Combining the two sessions, over 20 people, or more than 80% of the entire staff, were in attendance. Within the group were representatives from each of the teams, from the receptionist to a number of directors, coordinators, and managers. We requested ahead of time that each participant bring a piece of writing they were currently working on. This made the new information relevant and allowed people the opportunity to get expert and group feedback.

In addition to the two formal sessions, our general manager requested that the sector specialists make time to meet individually with the remaining staff members who were not able to attend. There were three additional trainings with a total of five more staff participating. After the second training we committed to creating an in-house resource to further raise the general awareness of the importance of embedding literacy. We posted the workshop handout from Tracy Defoe to our SharePoint site for those who attended and those who were unable to attend.

The final portion of this action item is an ongoing project to provide support and assistance to all BCAAFC staff members to audit their widely distributed communications for CLAD principles. This ensures that a CLAD lens is being applied to external communications. Thanks to encouragement from the Executive Director and general manager, nearly the entire staff has been through the training and it shows in the documents and correspondence that are sent from our office. The sector specialists continue to hear positive feedback about the CLAD workshops and we feel confident that this new knowledge will have a lasting effect.

This action item truly shifted the culture at the BCAAFC and opened our eyes to the central role CLAD plays in successfully embedding literacy. After the first workshop attempt with only five participants, we learned the importance of the "buy in" from management. When we planned the second workshop, we requested not only that the Executive Director and General Manager attend themselves, but that they encourage the entire staff to set the time aside to attend as well. At the last minute the Executive Director was called away, but had previously registered to attend and encouraged other senior staff to do the same. Because of

their encouragement we had an extremely successful turn out and on the insistence of the General Manager another five staff participated in follow up sessions.

The final action item in our project arose from the board training initiative. When we were first conducting the literacy audit and mapping our embedding opportunities, we thought it could be an interesting option to provide video follow up to board training on our website. Like the manual, it could be a reference point, an ongoing resource they could use to refresh various points learned. Originally we included this action as one of the various items under board training. Then we realized that this initiative had much greater potential; it could make our website more user-friendly, it could bring people (i.e. elders who sit on various Friendship Centre boards) to an otherwise text based website and it could be a reference for board members, funders and potential funders. The first step was a trial run when our Executive Director incorporated some footage into his formal report at the last quarterly meeting with the Board of Directors. The feedback was exceptional and all present, from youth to elders and everyone in between, enjoyed the fresh new way to communicate information.

With an overriding Aboriginal culture that has been based in an oral tradition for centuries, it is a general assumption that in our sector people will learn more easily through hearing and doing than through reading and writing. With that in mind, we are working on the first clip for our website with Marge White, a senator with the National Friendship Centre movement and one of the first employees of the original Friendship Centres in Canada, and Paul Lacerte, the current Executive Director of the BCAAFC. We have encountered challenges along the way in finding the expertise to make this action item possible, but are working to overcome these small barriers. For example, our information technology co-worker has been extremely helpful in seeking out the necessary software to be able to post videos to our website. In the meantime, videos from question period in the legislature that are related to the BCAAFC have been uploaded to the Civic Engagement Campaign page of our website, so we have confirmation that we have the capacity within our website.

As sector specialists we have learned that our own essential skills of computer use are in need of growth and improvement! We are working to advance this action item because, albeit late in the process, we feel it is an important addition to our website, to the way that we interact with our member Friendship Centres, and to the way we do training. We are learning more each day and have high hopes that this can evolve into a way to disseminate information in an efficient and effective manner.

Overall, our sector has benefitted greatly and continues to benefit greatly from this project and the knowledge gained throughout the process. The BCAAFC originally assumed that we would be able to try various action items with front-line staff at the Friendship Centres who work directly with members of the urban Aboriginal community, but we realized quite quickly that this was not possible. When we began to rein our ideas in, it became apparent that we should not overlook our own staff and the volunteer boards of directors that we work with throughout BC. Our provincial office is often the middle ground between government and front-line workers. At the CLAD training, staff members shared the challenges of writing for such a diverse audience. CLAD principles gave several individuals the permission they

needed to change their style of writing to something that resonated more naturally for them and allowed them to write for a much broader population.

As an organization and a sector in this action research, we have profited from the CLAD workshops and recommend this as a best practice in embedding literacy. It was the one element that shifted the workplace culture of our organization by applying the literacy lens we were hoping for. This action has the potential to continue trickling down to positively impact the 25 Friendship Centres we work with. In the future we can ensure that this workshop is included in our annual training academy for management and staff of the Friendship Centres across BC.

Impact Assessment Report

Summary

The BC Association of Aboriginal Friendship Centres has been actively engaged in an action research project to embed literacy and essential skills in the workplace within the Aboriginal sector. We originally hoped to be able to work directly with our member Friendship Centres and their staff. We quickly realized that this was beyond the scope of this project and therefore focused our attention and defined the workplace to include our volunteer work force and the staff of our provincial office. Through assessing the impact of this action research, we have found evidence that the changes at the provincial office have indeed trickled down to positively impact our member centres. In this Impact Assessment Report we look at the methodology used to assess impact, the analysis or a summary of what we learned through the process, and finally our conclusions including recommendations and future implications.

Methodology

In our Embedding Literacy and Essential Skills in the Workplace (ELES-W) action research project we aimed to create awareness and a shift in the culture of the BC Association of Aboriginal Friendship Centres provincial office. We chose specific and targeted actions that could not only impact the staff, management and board of directors of the provincial association, but that could also impact the staff, management and Board of Directors, and eventually the clients, of the 25 member Friendship Centres across BC. Based on the review that took place during our literacy audit, which is detailed in our research report, our three main action areas were:

1. Board training
2. Clear Language and Design (CLAD)
3. Video blogging.

During our literacy audit, we found that a good way to reach beyond the staff of our provincial office yet stay within our project scope would be to embed literacy and essential skills into the existing board training process. This would allow us to extend the impact of the project to the volunteer boards of directors associated with Friendship Centres across BC. This area required attention and intervention and the embedding project offered exactly what was needed to shift what was previous happening in the board training process to an experience that responded more appropriately to the needs of the board members. The second action item, CLAD, belongs in any embedding project. Clear language and clear design training is invaluable and has proven to be a cornerstone to our embedding literacy efforts at the BCAAFC. Finally, the working group pulled the area of video blogging out of the actions under board training as they felt it was important enough to make into an action item on its own to address both the essential skills of continuous learning and computer use.

The methodology used to assess the impact of these actions was mainly participant feedback, interviews, surveys, before and after samples, document review, and observations/reflections made by the sector specialists and the members of the working group.

The action item that was most assessable was the clear language and design training that took place at the provincial office. Of the 20 different participants present at the two sessions, five no longer work at the BC Association, and four were away either for work or vacation at the time of surveying. The remaining 11 participants, or over half of the total attendees of the workshop, gave comprehensive feedback not only on their experience of the learning event, but on their ongoing usage and integration of the knowledge. We then went beyond the participants themselves and interviewed management and board members to measure if they had experienced any of the ripples of the clear language and design learning; had they witnessed improvements, were there new conversations etc. Finally the sector specialists and the working group made observations on the general culture of the provincial office in terms of the level of awareness around literacy, clear writing, writing for a specific audience, and clear design.

The board training action item had several tangible embedding opportunities. Here the impact was more challenging to assess. For the board training actions, we did the following:

- Wrote a staff orientation document that had not previously existed
- Created a board training document for the provincial board of directors where one had not previously existed
- Simplified and edited the existing board training manual for clear language and design
- Developed a process around the board training across the province to enable the trainers to tailor the session to each particular board, including discussions around financial literacy
- Implemented a feedback loop in the board training that then was used in other trainings and meetings hosted by the BCAAFC
- Developed a PowerPoint using CLAD elements to accompany the new board training manual to replace one that was heavily text based

Each of these actions was a new development making it challenging to assess impacts because of a lack of baseline comparison where documents and systems were absent. Thus our methodology was qualitative based on the feedback we received from the participants of the training, from other trainers within the office, and from new staff and board members through information interviews and from the observations, reflections and case notes of the sector specialists.

Finally, our third action item video blogging is still under development. We encountered many more obstacles with this simple task than we had anticipated and are still in the recording and compiling stages. No clip has yet to be posted to our website and therefore it is impossible to assess the impact of this ongoing action. This action item came from our working group through discussions and reflections around board training. It directly addresses several of the nine essential skills identified by the Government of Canada and allows for a diverse audience to process new information or augment existing information. Board members can come back to the clips as often as they feel the need to, and can view them at their own convenience and pace. Setting up the scripts, deciding on the clips and engaging various staff in the recording process has enabled us to further the discussion on embedding literacy in the provincial office. One staff member was uncertain about the script if the video was to be about embedding literacy. This opened the door for an important conversation about the nature of embedding and gave us the opportunity to explain in a new way that the intention was to embed literacy into the board training that is already in existence, not to speak directly about the topic of embedding. There was a light bulb moment during this conversation and we saw an important shift in thinking and understanding.

Analysis

What are the effects of our research actions? Did we make impacts on the awareness and behaviours around literacy and essential skills in this workplace?

In order to assess the effects of our research actions, we began by looking for the ripples; finding where people's outlooks and lenses changed through the course of the project. The clear language and design aspect of embedding literacy truly impacted the behavior of our staff and enabled individuals and the organization as a whole to improve our communications. The ripples of this seem to be endless. Through interviews, we have received feedback from our Executive Director, general manager, president of the board of directors and several other Executive Directors who serve on our provincial board of directors. There are a number of notable changes recorded.

Attached as Appendix A you will find the survey we distributed to the attendees of the workshop. Of the eleven responses we received, every individual reported actively using - as recently as in the past week or two - the information and knowledge gained at the workshop nearly nine months prior. All but one of the respondents clearly indicated that the CLAD workshop has impacted their practice; the way they write emails, the way they formulate reports, the way they read other people's work, and so on.

Many of the participants specifically commented on the importance of learning to write for their audiences. As a provincial organization, the BCAAFC is often formulating proposals, reports or general communiqués for government submission and review, yet we are also communicating directly and regularly with the board of directors and staff of our 25 member Friendship Centres. The Friendship Centres, being grassroots organizations, are a very different audience than government officials and it seems the CLAD workshop may have been

the first time that many of the Association staff realized the importance of the differences in modes of communication. Several anecdotal comments from participants during the workshop and afterwards supported this observation. From work samples we have reviewed, writers for the BCAAFC are making an effort to ensure their documents are as clear, direct and concise as possible with consideration given to the audience for whom they are intended. The staff of the BCAAFC is setting an important precedent. As the staff produce documents that are clearer, more concise, with a simple design and layout, they are modeling good communications styles and habits for the Friendship Centres. We see documents now that are numbered and ordered for readers to better navigate the information that pertains to them. Readers are much more likely to take the time to read something that is a) written for them, and b) readable. We feel the CLAD shift that has happened at the provincial office has successfully accomplished these two goals and therefore our target audiences more readily understand the documents and content we are now producing. The fact that people are reading more of what we are writing may lead to increased participation and engagement on many levels. It is too early to measure this as an impact of this project.

Another related theme is a growing awareness amongst the staff at the BCAAFC of our responsibility as role models to our member Centres regarding our form and style of communication. Friendship Centres are observing and integrating the improvements in writing that stem from the CLAD workshop on a daily basis. There are many publications such as our webpage, brochure, newsletter, communication digest, press releases and reports that are living models of what clear language and design can look like. We acknowledge that we are not experts, but there has been a significant improvement and there are several staff and management requesting a follow-up workshop to further solidify the concepts. The editor of our newsletter was present for the CLAD workshop and offered an example of his recent work for feedback during the session. He was able to learn a great deal about how the mind works when it is reading and perceiving information on a page. His newsletters are primarily distributed to the network of Friendship Centres around the province. The evolution in his style of communication through the colours, titles, font, and text of his newsletters will serve as an example of the value in simplifying to increase comprehension. Below is an example of our Provincial Newsletter before and after the CLAD workshop. In the before example, we see the use of a black background with blocks of colour imposed on top with the text varying in colour as well. The after example leaves the page white allowing for increased readability of the text. Words are not sectioned off in blocks, nor is the text coloured. We can see that the author has demonstrated a significant shift in his thinking around colour and white space as a result of the CLAD workshop.

Figure 1. Samples of the front page of the BCAAFC newsletter before and after the CLAD workshop held at the provincial office on October 27, 2011.

Our research model confirms a widely held business axiom that the people at the top of an organization have a great influence on the day-to-day practices and values; that is, on the overall organizational culture. That is why we had a Working Group. Our Executive Director and general managers had no more than a general understanding of literacy and essential skills. The actions around CLAD training had a significant impact on our managers and how they lead our organization. Despite several conversations around embedding literacy and essential skills in the workplace, our Executive Director and general manager did not entirely understand exactly what it was that the project was trying to accomplish or how it was going to 'work.' However, after our first attempt at hosting the CLAD workshop in May 2011 with a low response level of only five staff present, the sector specialist approached the general manager to request support to encourage staff attendance at the next workshop. We were looking for some 'buy in,' a shift in thinking, from management to inspire participation and help us realize one of our action goals. Not only did both the Executive Director and general manager register to attend both the morning and afternoon sessions of the CLAD workshop, but they individually encouraged each and every staff member to do the same. Thus, on October 27, 2011 we had 16 staff in attendance, including the general manager. Unfortunately, the Executive Director was called away to another meeting and was unable

to attend. People were not shy to ask our instructor, Tracy, a lot of questions and air their skepticism about some of the research she was sharing. Yet, by the end of the first half of the workshop people were completely convinced that this CLAD strategy made perfect sense for good communication and would ultimately teach us what embedding literacy was all about. Considering the kind of rhythm at which people work in the BCAAFC office, without the influence and personal invitation of our management, few would have made the time to attend. This 'buy in' was exactly what we needed. Now, our general manager has firsthand exposure and experience of CLAD editing and through an interview has shared that he recognizes a positive change in the quality of the work coming from the BCAAFC team thanks to this training and has acknowledged a significant shift in his own thinking around clear language.

Below are the quantitative results from the 11 survey respondents confirming the ongoing impact this training has had on BCAAFC staff and management.

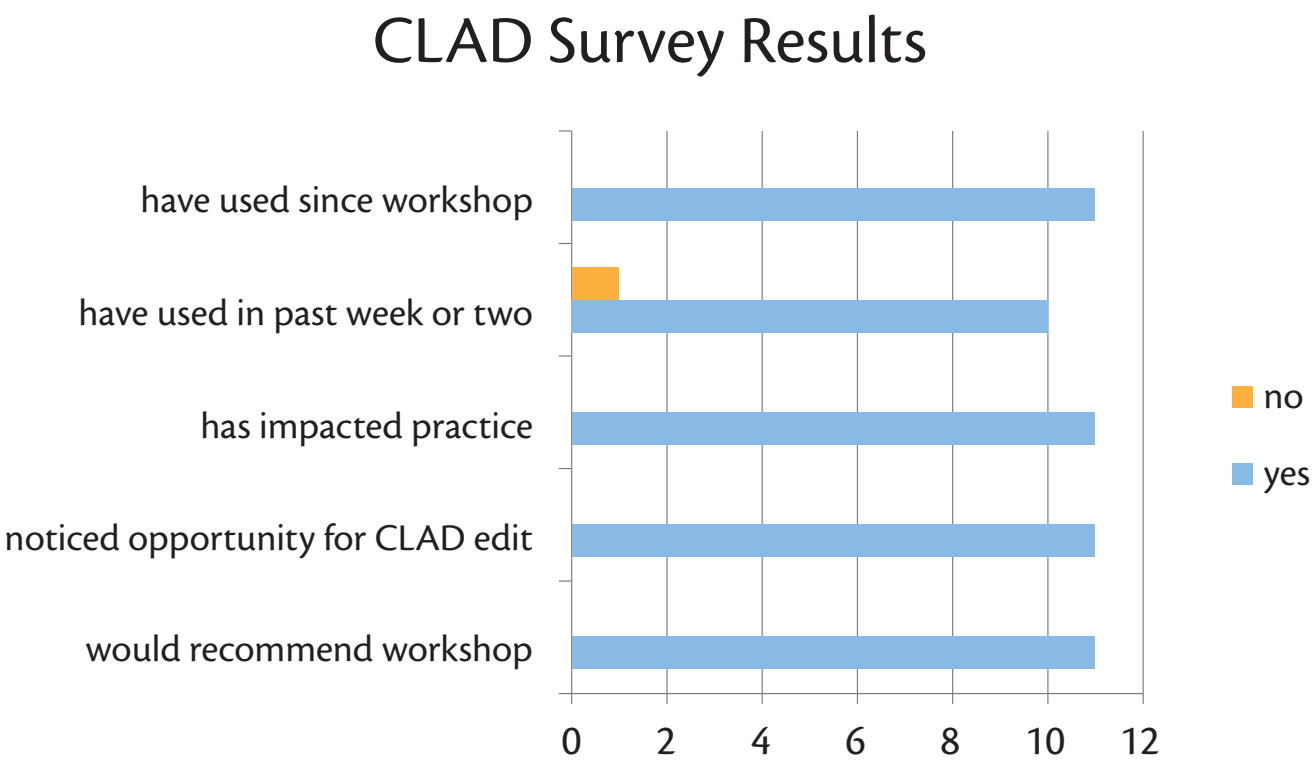


Figure 2. A summary of the results of the Clear Language and Design survey distributed to all workshop participants.

Applying a literacy lens to the work that is being produced by the BCAAFC has gone beyond the staff in attendance at the CLAD training. Our Executive Director, with influence from the general manager and other team leaders who were CLAD trained, has shown a shift in his thinking through the evolution of his reporting style at the Annual General Meetings and the Provincial Meetings (formerly referred to as Quarterly Meetings) held for the full BCAAFC board throughout the year. The Executive Director's report is long and complex as he is responsible for conveying the most important details of the various contracts, projects, and initiatives that are happening to keep the 25 member Centres apprised of all BCAAFC business. Over the past year or so, our Executive Director has been applying a literacy lens to his reports. He is much more aware of his audience and recognizes that the provincial board table is home to a number of elders and youth along with Executive Directors, board members and management from the 25 Centres.

The Executive Director's reports are now projected as PowerPoints on two large screens. They include charts, tables, video clips and other graphics and are accompanied by printed handouts for note taking and to take home as a reference. Making this dense and complicated report into a manageable and interesting presentation is a vast improvement that increases comprehension and involvement from the board. In addition, our Executive Director is actively modeling to the large numbers of representatives from the member Friendship Centres what a quality, engaging and understandable report looks like, which in turn has the potential to create many more ripples of good practice in communities across BC. An interview with our provincial board president confirmed that the improvements to the Executive Director's report are indeed positively impacting board members. Elders, youth and Executive Directors attending provincial board meetings as representatives of their Friendship Centres are able to return to their home communities with a much clearer picture of the actual state of affairs at the provincial office. They are able to report back to their local boards of directors on important initiatives and programs in a more efficient and comprehensive way.

The following are quotes taken directly from the participant surveys received nearly nine months after the CLAD workshop:

> *"[I use CLAD] in all my presentation material, press releases, member communiqués, and website design. I have integrated the principles of where people look on the page when they are reading, keeping language clear and in plain English, and keeping the graphic design on the page simple."*

> *"This by far has been one of the most useful workshops I have ever participated in. The material was applicable to my work, intuitive, and the teaching style was fantastic. I have recommended this workshop to a community social service provider (…) CLAD is the key to our sector presenting information to the general public that will help them to better understand the significance of the work we do and help to increase value in our field."*

"I have adopted the Z (how the eye naturally moves) into my everyday emails and correspondence. I find my emails are much easier to read."

"This workshop has had a very positive impact on how I format my written work whether it is an email or an information poster. Also, to be clear and concise is crucial in this fast paced world. As for sharing the information about the course, I have definitely told a few people from other Aboriginal organizations about CLAD and I would highly recommend it to anyone that disseminates information. I found it to be very useful information."

"I have made editing suggestions to colleagues. I found it beneficial to see their passive voice, which reminded me that I have the same challenge."

"I have found use for this in all aspects of my work. Some basic examples include compiling our reports, to creating posters for our Annual General Meeting."

"I have found it helpful for day to day writing. I even think about how I structure my emails now and if the font is readable, if the font is large enough, and if there is enough space. It has also reminded me to re-read what I have written before hitting send to make sure it is clear and to the point."

"I have changed my newsletter from a very colorful newsletter to a newspaper styled format. I learned that a clean, simple and stream lined style is more reader friendly."

"CLAD has changed the way I look at making or editing my documents."

The final CLAD impact that is necessary to highlight here regards an interview with one of the team leaders of the BCAAFC office. She was present at the CLAD workshop in October and is the person who produces the majority of the written correspondence (i.e. publications, frameworks, needs assessments, reports) for the BCAAFC. This employee came to the BCAAFC from government and brought a wealth of education and experience with her. After the CLAD workshop she commented that this was the single most useful professional development she had ever participated in her career. It helped her to understand the concept and importance of thinking about literacy in the workplace. In an interview nearly nine months later, she said, "Everything I write now I write with a literacy lens. The CLAD principles are permanently in my mind and part of my practice." Through funding for capacity building in our member Friendship Centres, this woman has designed and delivered six proposal-writing workshops around the province. One of the pillar concepts in these workshops has been CLAD. She has explained to all 25 Friendship Centres through these six workshops about the significant impact CLAD has had on the BCAAFC as an organization. At the end of each session she has said, "If there is anything you take away from the workshop today, please get CLAD training for you and the other staff at your centres." In a recent experience, she was with a group from the Aboriginal community who had drafted

a document together that was then edited by a non-Aboriginal individual with a PhD, but who had no experience with CLAD. She commented, "The editor tried to take a grassroots document and make it sound important, but instead just muddied it up. If he understood clear language he would have been much more successful in his efforts to produce what we were looking for." When asked how the CLAD workshop impacted her practice she responded that it has given her a tool, a mechanism to articulate a pre-existing value system that she had about communication and she now talks about clear language and design to everyone who will listen. She concluded our interview by saying that she would definitely like to revisit plain language in another workshop as she feels there is so much more to it and she is still trying to master the active versus passive voice. She feels the Friendship Centres need and want this training and that there is a great opportunity as it fits into the BCAAFC's strategic plan to build capacity within BC Friendship Centres.

On review of the feedback from CLAD, we can conclude that it is the optimal entry point to embedding literacy. The CLAD training gave the BCAAFC staff a concrete understanding of what it means to embed literacy and how important the literacy lens is to everything we do and write and read. It gave an opportunity to work through practical examples together and to learn from one another in a process of doing, rather than simply listening or observing. It is still alive and actively working to this day throughout the office. It will continue to have an impact far into the future, which is why participants and the sector specialists feel it is something that needs to be shared with our member centres.

Our other main action piece related to the board training process. Within this one action there were many changes, developments, and much growth. As stated in the methodology section, the impacts were more challenging to measure for this item and we have relied greatly on the experiences, observations and reflections of the working group and sector specialists. When we began to look for ripples from the board training, we found that there were more than we had originally anticipated. We essentially deconstructed the previous method of board training and attempted to rebuild it using CLAD and embedded literacy as our foundation. This crossed over into the training process of the provincial board of directors and even impacted the orientation process for new employees at the BCAAFC office. We followed the map we had created and began with pre-training by sending a survey to the board members before the session. We have included a copy of the survey that was sent in Appendix C. Of the 15 attendees, nine returned the survey and we were able to speak to their specific needs and interests. The impact of this action is seen in other BCAAFC staff who implemented the same pre-training surveys to create more tailored and appropriate sessions. Additionally, BCAAFC staff members from the working group are keen to use these new materials and methods in board training at the next available opportunity.

Our next action was to edit the entire board-training manual. The original document was 65 pages long; the first thing we did was to look for ways to shorten and simplify the text. We tried to add more images and make the document more 'user friendly' in general. We edited the manual for clear language and although we are not experts, we made changes for the better. The work we did with this manual has inspired other edits and rewrites of older

BCAAFC publications. We were able to get feedback from the training participants after the session that the manual was 'helpful and informative,' was a good length, and was a 'good resource to refer back to in the future.'

Below, in Figure 3, we have included a one-page comparison snapshot of the manual before and after the edits. Not only is the design updated, but the content is improved. The BCAAFC employee who originally wrote the manual was a committed member of our working group and was able to provide helpful feedback to our changes. Her understanding grew with the process and she found the literacy lens helped to shift her thinking. This is another positive impact as writing she does in the future will be directly influenced by the editing of this document.

Finally, through a discussion with the Executive Director of the Friendship Centre who received the training, we have confirmed that the board is having an extremely successful year. This is a positive sign that can motivate and encourage other Friendship Centres to invest in providing the same training to their boards. It is, in fact, a provincial board policy that the member Centres engage in regular board training at the community level, however it is not obligatory that the training come from the provincial office. Thus, it is an advantage

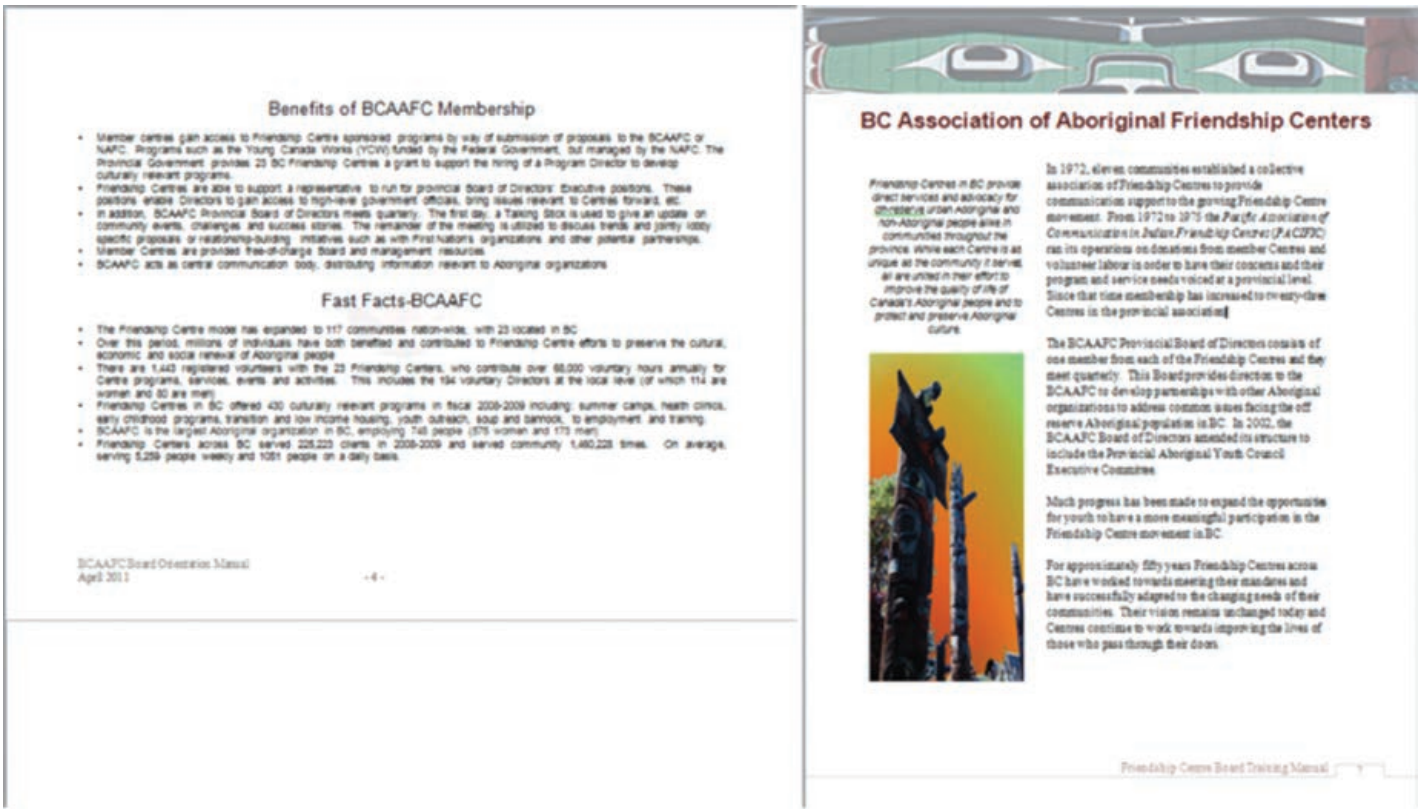


Figure 3. This is a snapshot of two pages with similar content: the original board-training manual is on the left and the revised manual is on the right.

to have well- developed and appropriate materials to pass on to the Centres who are endeavoring to do the training themselves.

When the working group originally decided that an area of priority for embedding literacy was our volunteer work force through the boards of directors of the member Friendship Centres, we anticipated carrying out more board training within the time span of this action research project. What we have come to appreciate is that when new systems and documents are created, they are not time sensitive and can continue to positively impact boards of directors long after the project wraps up. This is one good example of the actions taking on a life of their own. The influence of embedding literacy will improve the way that board training is delivered from now on.

As with the example of the pre-training survey, another important impact that can be seen from the board training action item is the training feedback form that was created. Through various information sharing opportunities in the office, we have been able to share with staff in other areas some of the strategies and changes that have been implemented in the board training process. We have had several other BCAAFC colleagues request a copy of the form we used to collect feedback after our training and many staff have mentioned that they are now using a feedback loop to improve their sessions where none previously existed.

In an interview with the trainer on his perspective of the old training versus the new training, we have learned that there has only been positive feedback. He says, "With a whole new process, and not just a new manual, we are able to keep the information presented both in writing and verbally, clear and to the point." He went on to say, "As a facilitator of much of the board training, I was well aware that some of the written content was heavy and complex. But, now that we have the new manual and PowerPoint, I feel the participants have a much better chance of benefitting more completely from the training. It's just more understandable." There are some boards currently experiencing challenges and our trainer undoubtedly feels that with this new training they could improve their understanding of their roles and responsibilities as well as how to conduct a productive board meeting.

Finally, a key element of the board training has been the consideration given to financial literacy, the essential skill of numeracy; making meaning from numbers. In addition to the improvements to the Executive Director's reports, there has been specific attention given to learning and understanding more about money and making sense of the numbers that are so important at the provincial and regional board levels. With the new charts and diagrams in the Executive Director's report came an increased awareness of the importance of clear understanding and hence more detailed explanation of the financial details. The essential skill of document use is critical for both the board training and the new reports as attendees have access to a more diverse set of texts from which to interpret meaning, where there is an increased need to navigate sections and content. The sector specialists feel this is a specific and separate area that merits much more time and attention in order to embed literacy well.

Conclusions and Recommendations

In assessing the impact of this action research project, we have realized that we have indeed made a significantly positive impact Association-wide on people's awareness and outlook. There is a tangible difference in the way people are thinking and acting thanks to the knowledge we have gained through these actions. However, we did encounter challenges and we were unable to achieve what we set out to do in some areas. A significant advantage that we, the sector specialists, benefitted from was the committed and ongoing support of our management team at the BCAAFC. Knowing that they believed in the project and actually understood its importance made a key difference in the way we were able to implement our actions.

Upon review of our map of opportunities, there are a number of items that we have yet to complete. This map was ever evolving and served as a guide for our actions, but as we advanced we experienced the limitations of our organizational capacity for change. Some of the items will definitely continue to completion despite the time frame of the project, while others may lie dormant until we can obtain the funding needed to complete them.

There is great potential for embedding literacy to take hold and grow in the Aboriginal sector and we have several recommendations for opportunities to make that happen. Our first and most important recommendation is:

1 **To provide CLAD training to our 25 member Friendship Centres.**
We feel strongly that the ripples from the growth at our provincial office are already positively impacting the Friendship Centres. However in order to see large scale improvements and impacts across the province, we feel it is necessary for the more than 1,100 employees of the BC Friendship Centres to experience first-hand the clear language and design training in order to better embed literacy in their work on the front lines. In addition, we have a healthy and robust working relationship with the National Association of Friendship Centres. The opportunity to make CLAD training available to the national office or any of the other provincial offices would begin to set clear language as a norm throughout the entire Friendship Centre movement. We would like to recommend an expansion to include CLAD training nationally for the Friendship Centre movement.

When we initially began this project, we imagined that we would be able to embed literacy in the work of the Friendship Centres themselves. In addition to the recommendation to provide CLAD training for all BC centres, we would also like to:

2 **Consider doing further research to find ways to embed literacy amongst front-line workers,** which would see ripples and impacts into the urban Aboriginal community across the province. Along this same line, we would like to:

3 **Invest time to assist the individual Centres to build relationships with the Literacy Outreach Coordinators and ensure that there is open and mutually beneficial communication between the Aboriginal sector and this mainstream resource.** This has the potential to give Friendship Centres access to many more literacy opportunities.

One of the main focus areas on our original map of opportunities was:

4 **To explore embedding literacy with elders and youth.**
The BCAAFC naturally has a link with the elders and youth of the provincial Friendship Centre movement through the Provincial Aboriginal Youth Council (PAYC) and the Provincial Aboriginal Elders Council. Due to funding restrictions and limitations around staffing, it was not possible to develop this area in this project but we believe we have the potential to change what youth perceive as the norm in terms of both text and visuals. Clear language and design could play an important role here and we could research other ways to embed literacy in these two important population groups. Aboriginal people are the fastest growing population in BC with 66 percent of the urban Aboriginal population under the age of 25. This is a seed that is waiting impatiently to be planted.

We also see the need for targeted funds and attention to:

5 **Embed literacy in relation to numeracy and financial literacy.**
The Aboriginal sector could benefit greatly from further work to build better numeracy skills, with more training and consideration of the importance of document use in financial literacy. This is applicable to our extensive Friendship Centre community, but it also applies to other urban Aboriginal organizations as well as on-reserve groups like Chiefs and Councils.

Finally, our last recommendation is:

6 **To disseminate the CLAD training through the Federation of Community Social Services of BC (FCSSBC).**
Within the past year the BCAAFC signed a Memorandum of Understanding with the FCSSBC; the working relationship between the two organizations has always been a healthy one. This is outside our Aboriginal sector, but the kind of far-reaching impacts we have seen from the CLAD workshop at the BCAAFC are too important not to share as far and as wide as our organization can reach, and then beyond.

Acknowledgements

This action research project has been both challenging and extremely fulfilling for the BC Association of Aboriginal Friendship Centres. We are extremely grateful to have been given this opportunity and would like to acknowledge all of our funders for their support. This process has been a wonderful learning experience and our organization as a whole has benefited in too many ways to measure. We would like to especially acknowledge Decoda Literacy Solutions for their leadership, guidance and patience through the duration of this project, with a very special mention to Diana Twiss and Tracy Defoe for their mentorship, expertise and perseverance when it appeared as though we just did not get it! We look forward to growing our relationship with Decoda and working cooperatively to improve literacy for Aboriginal people across BC and Canada.

APPENDIX A

Clear Language and Design Impact Assessment Survey

I'd like to ask you to harken back to October 27, 2011 when we gathered in the boardroom to learn something new about the way we write and communicate. As our action research project wraps up, we would like to hear your impressions and experiences eight months later. Please take the time to complete the following questions to help assess the impacts of our research. Thank you in advance for your cooperation.

1. Have you put anything into practice that you learned in the Clear Language and Design workshop once in your professional or personal life since October 2011?

   ☐ Yes ☐ No

   If yes, are you willing to give an example or two?

   _____
   _____
   _____

2. Have you used anything you learned in the Clear Language and Design workshop once in your professional or personal life in the past week or two?

   ☐ Yes ☐ No

   If yes, are you willing to give an example or two?

   _____
   _____
   _____

3. Can you share with us how, if at all, this workshop has impacted your practice? Have you shared what you learned with anyone? Have you made any editing suggestions to a colleague or taught anyone about CLAD?

   _____
   _____

4. Have you noticed opportunities for a CLAD edit (whether or not you acted upon it)? Did learning about CLAD change the way you think about written communication with our member Centres?

_____
_____
_____

5. Would you recommend this training to a colleague or friend? Why? or Why Not?

☐ Yes ☐ No

_____
_____
_____

Thank you SO much for your assistance. Please email this back to me as soon as possible.

APPENDIX B

Kermode Friendship Society
Board of Directors and Managers Training,
Monday, November 7th

Please take a moment to complete this page and return it by Friday, November 4th at noon to help us better prepare for Monday's training. We apologize for the short notice and appreciate your cooperation.

1. Do you have previous experience on a Board of Directors or as a manager? ☐ Yes ☐ No

   If yes, please describe your previous experience:

2. How long have you volunteered on the Board or worked at the Friendship Centre?

3. What is your expectation of the training?

4. Do you want to know more about: (please circle/highlight as many as you like)
   - Friendship Centre history
   - Roles and responsibilities
   - Board structure
   - Legal responsibilities
   - Meeting procedures

5. What are you most curious about?

6. What do you need to learn to help you do your job better?

HEALTHCARE SECTOR

REPORTS

Action Research Report

In the following report, the names in have been changed to protect anonymity, and in keeping with the agreement between the sector committees and our research team.

Description of the sector

The Embedding Literacy and Essential Skills in the Workplace project (ELES-W) in the Healthcare sector was housed in Metro Area Hospital, a facility operated by the Health Authority (THA). Health Authorities are the employer, not the individual facilities. Consequently THA is responsible for the hiring, safety and professional development of their staff at Metro Area Hospital.

The ELES-W project for the Healthcare sector initially focused on housekeepers in three units: Operating Room (OR), Intensive Care Unit (ICU), and Acute Care (AC) at Metro Area Hospital.9 These three units were chosen by committees advising our sector specialists. The units represent different environments that housekeepers work in: fast paced (OR), intensive attention to infection control (ICU), and acute care where a quality improvement project, Positive Deviance, was in progress.

In 2003 the Provincial government gave Health Authorities in the province the right to contract out housekeeping and food service work in health care facilities. The Health Authority terminated its unionized housekeepers and food service workers and contracted with Healthcare Cleaners Inc. (HCI), an international company, to run the housekeeping services in the region. Housekeepers who worked previously for THA had been members of

9 This project is described as an action research project in the proposal to OLES. For the Healthcare sector, the project was renamed as a quality improvement project which does not need to meet the scientific standards for research demanded in the hospital's ethics review process.

The Union (TU). In 2005, the TU organized the recently hired housekeepers at THA. So, now the housekeepers employed by HCI are unionized and members of TU.

The "true employer" agreement between THA and its contractors clarifies the lines of responsibility for each party and names the contractor, HCI, as the true employer of housekeepers. The contracting private company, HCI, became responsible for the hiring, training, supervision and safety of these workers. The tensions resulting from the introduction of contracting out for housekeeping services were still present at the outset of this project. In our first Sector Committee meeting, it was clear that the three organizations were not used to being at the same table, face-to-face and working together. In fact, we needed to introduce key players to one another.

Metro Area Hospital is staffed by THA employees and various contractors, including HCI employees who are responsible for the housekeeping. Housekeepers report to their employer, HCI, work on floors staffed by THA employees and are represented by TU. Employees of all three organizations are in direct contact with housekeepers on a daily basis and were, therefore, asked to be partners in this literacy / essential skills project.

Metro Area Hospital has a complex and hierarchical governance structure. Its hierarchy of decision-makers is mirrored in the Health Authority and to a lesser degree in HCI's own multinational corporate structure. As a result two committees were formed to support the project – the Healthcare Sector Committee and the Working Group. The make-up and structure of the committees for the project were a reflection of these hierarchies.

The Healthcare Sector Committee

The first invitees to the Healthcare Sector Committee were high level administrators in the health authority, the hospital, HCI and TU. We chose decision makers, managers and directors to ensure that the project had the necessary authority to act in the hospital. They requested other people from their departments and units join this committee to cover off other areas of administration as well as encourage networking and the dissemination of our quality improvement initiatives. In the end, the Healthcare Sector Committee had 13 members:

- Regional Directors for Infection Control (medical and administrative)
- Executive Director of Disability Management and Safety
- Directors of the three units: OR, ICU, AC
- Manager of Patient Services for the three units
- District Manager for HCI
- Regional Director for Housekeeping and Waste Services, Business Initiatives and Support Services (for THA contractors)
- Research and Policy Director for TU
- Servicing Representatives for TU

The Healthcare Sector Committee members suggested we form the Working Group -- a committee of middle managers and staff who work more closely with housekeepers and are the first line of communication with them. This second committee became the Healthcare Working Group which was responsible for helping the sector specialists gain access to the units, schedule focus groups with staff and housekeepers, and implement the quality improvement initiatives. The Working Group had 11 members:

- Patient Care Coordinator for AC
- Patient Care Coordinator for ICU
- Patient Services Manager for OR
- Practitioner for Regional Infection Control for THA
- Occupational Health and Safety Advisor for THA
- Operations Manager for HCI
- Worksafe / Occupational Health and Safety Manager for HCI
- Housekeeping Supervisor for HCI at Metro Area Hospital
- Quality and Training Manager for HCI
- Servicing Representative for TU
- Organizer Representative for TU

While we had hoped to have decision-makers on the Healthcare Sector Committee, some members had limited authority. For example, the District Manager for HCI was not able to approve our questions for interviews with their housekeepers. This decision required higher-level administrators in the head office outside the province.

Sector Committee and Working Group members were engaged and oriented about literacy and essential skills in the hope that they could make changes in their organizations to focus on LES gains for housekeepers and other staff with low literacy skills. Initially regular meetings were held to discuss issues and collect information about literacy and essential skills.

The Back Story

The Embedding Literacy and Essential Skills in the Workplace Project in Healthcare was a result of a 2008 needs assessment for entry level workers in health authorities in British Columbia, Directions, *Workplace Skills Initiative Phase 1: A Needs Assessment*[10] **http://www.careerpathnow.ca/user/docs/Directions%20_FINAL.pdf**

10 The full title of the report is: *Directions: Workplace Skills Initiative Phase 1:A Needs Assessment of Essential Skills in the Workplace for Housekeepers and Food Service Workers in British Columbia*

The needs assessment focused on the essential skills and training needs of housekeepers and food service workers in health facilities in the province, the majority of whom were employees of private companies. The Ministry of Advanced Education of British Columbia funded the project with money redirected to the provinces from the federal government's training budget in HRSDC. Recommendations from the needs assessment in the Directions report were:

- develop sector-wide partnerships through a provincial advisory committee;
- develop best practices for essential skills in this sector
- build on the past success of a learner-centred approach
- deliver training as local solutions; develop and embed essential skills training in curricula
- pilot in several locations
- conduct a comprehensive evaluation with multiple stakeholder interests in mind.

The ELES-W project proposed a way to address some of these recommendations through a demonstration of improved understanding, knowledge and skills regarding literacy and essential skills in high and middle level administrators, hospital staff and housekeepers. In effect, facilitating a change in the culture of health care professionals and support workers.

In-house Research

While setting up the committees for the project, we reviewed other research conducted in the Health Authority and in the hospital, which offered us data to compare and draw on for our work. The most recent Health and Safety Culture Survey developed for THA staff provided a model and questions to consider for our focus groups with the housekeepers. Data collected by TU through their surveys and reports were also helpful in identifying problem areas in housekeeping work. The Positive Deviance project on AC exemplified how new approaches to old problems could be found and disseminated through well-connected individuals and networks. The ELES-W project was placed on AC to overlap with Positive Deviance and learn from it. We interviewed staff directly connected to this project and also attended an open house with information, procedures, and mapping data from AC.

Literacy Audit

In order to define the current literacy and essential skills environment at Metro Area Hospital, we planned to conduct a series of interviews and surveys with:

- Committee members
- Metro Area Hospital healthcare staff in 3 units: ICU, OR, AC
- Housekeepers

The interview questions were designed to pull work tasks apart to assess essential skills involved. The sector specialists were able to come to the situation as outsiders who didn't know the job, asking the naive questions.

Interviews with Committee Members

In April and May 2010 we conducted individual interviews with all the members of our two Committees. The interviews focused on their current knowledge and their understanding of the demands and needs for literacy and essential skills in the housekeepers' daily routines. Through our conversations with Committee members we hoped to gain a sense of the work culture in the hospital and also of the cultures of our three main partner organizations: THA, HCI and TU. For detailed results see Appendix A: Results of Interviews With Committee Members.

All members of each Committee were interviewed (13 from the Sector Committee and 11 from the Working Group for a total of 24 interviews). The summary of our findings below shows the themes most frequently mentioned to least frequently mentioned by members of the Committees. There was a great deal of agreement from the varied members of both Committees on topics of primary concern regarding housekeepers and their work.

Order	Combined	Sector committee	Working group
1.	ESL, comprehension related to language, clear language	ESL, comprehension related to language, clear language	ESL, comprehension related to language, clear language
2.	Training for housekeepers	Training for housekeepers	Training for housekeepers
3.	Communication	Communication	Communication
4.	Empower housekeepers	Empower housekeepers	Empower housekeepers
5.	Relationships with THA and teamwork	Infection control	Relationships with THA and teamwork
6.	Infection control	Health & safety	HK problem-solving, decision-making, risk assessment
7.	Health & safety	Relationships with THA and teamwork	Infection control
8.	Housekeepers read, write, comprehend	Housekeepers read, write, comprehend	Health & safety
9.	HK problem-solving, decision-making, risk assessment	Quality on the job	Housekeepers read, write, comprehend
10.	HCI supervisors- training, knowledge	HCI supervisors-training, knowledge	HCI supervisors-training, knowledge
11.	Quality on the job	HK problem-solving, decision-making, risk assessment	Conflict on the job
12.	Conflict on the job	Conflict on the job	Quality on the job
13.	Replicate	Replicate	???

As a result of our interview with the Patient Services Manager in the Operating Room we discovered that the OR operates differently from the other two units we were working with, ICU and AC. OR has dedicated and consistent housekeepers who receive additional training for their role in cleaning this unit. The unit has given them nametags; they are well known and well respected by the healthcare staff. They rarely have a "casual" member work the unit and rarely have to replace someone who is part of the team. They are treated like valued team members. They hold monthly cleaning meetings with the housekeepers and supervisor.

Members of the Committees also discussed many aspects of the work environment beyond the scope of our project such as the workload of housekeepers and their rotating assignments, contract limitations, financial constraints and the capacity of the system to deal with change.

While we found the data useful, especially related to the culture of the work environment, some members of the Healthcare Sector Committee felt that our qualitative data needed more rigor, typical of scientific research. They also wanted and expected a quantitative interpretation of the data to confirm the value of the project and promote it to their superiors. Working with their requests, we designed the questions for the housekeepers and for THA healthcare staff to yield quantitative as well as qualitative results.

Surveys and Interviews with THA Healthcare Staff and Housekeepers

Healthcare staff from each of the 3 units, (OR, ICU and AC) completed surveys and many participated in guided conversations to help the sector specialists understand their current opinions about the literacy and essential skills of housekeepers. A variety of questions were asked about speaking, writing, reading, training and thinking. The questions were designed using the input collected from the Sector Committee and Working Group interviews. We included questions included from THA's Health and Safety Culture Survey, and questions submitted by representatives of infection control and by the union. We used similar questions for both the healthcare staff and housekeepers so that we could compare the results. We added a few additional questions for the housekeepers, specific to the housekeeper experience. (See Appendix A.)

Participation

Healthcare Staff

A total of 127 healthcare staff participated in the survey and interviews. 17.32% (22) from AC, 36.22% (46) from ICU and 46.46% (59) from OR.

Operating Room Staff

To survey OR healthcare staff, we attended an OR unit meeting to present the project and ask for volunteers to complete the survey. Due to a tight agenda for the meeting, we were unable to schedule time for a discussion after the survey.

AC and ICU Staff

In AC and ICU, we scheduled times to meet with individuals and small groups in the staff lounge to complete the survey and participate in a discussion of their ideas and issues.

Housekeepers

We met our first major challenge of the project when we sought approval for our interview questions for the housekeepers. The District Manager for HCI did not approve our first draft of questions for the housekeepers. We met with him and eliminated questions that he saw as problematic for the company and adjusted the wording of others. As it turned out, the District Manager did not have the final authority to approve the questions. So, he sent the survey to his head office for review.

Not only did the head office object to the questions, but they also became worried about their participation in the project. The head office misunderstood the intent of the questions and came to the conclusion that this was becoming a staff evaluation. We had no opportunity to talk with them directly to explain the intent and process. In the end they withdrew their participation in the project, which made interviewing housekeepers during work time impossible. Our original arrangement with HCI had been to interview housekeepers during a paid hour on their shifts. Under this arrangement, we would have expected 100% participation.

It was essential that housekeepers be able to tell their own stories and have the ability to provide information and feedback directly to the project. However, due to HCI's withdrawal, housekeepers no longer had the ability to take time from work to participate in focus groups. Fortunately, TU was able to provide organizational and financial support in the form of a $25.00 stipend per interview to encourage housekeepers to participate – off shift. This change meant we spoke to fewer housekeepers and only those who volunteered – a total of 13 housekeepers participated (46.4% of the total possible housekeepers in OR, ICU and AC). Of the 13 participants, 63.6% (8) work the day shift and 36.4% (5) work the night shift. None were dedicated to a single unit.

As literacy practitioners, we were concerned about building trust with the housekeepers, providing a supportive and non-threatening environment for discussion and completion of the questions, and establishing a good working relationship for the action phase of the project. Our approach during the focus groups was to offer help to any questions that were too difficult for the housekeepers.

Results of the Surveys and Interviews with Healthcare Staff and Housekeepers

The survey gave the respondents the opportunity to agree or strongly agree and to disagree or strongly disagree. For purposes of this comparison, the percent totals for agree and disagree have been combined. The neutral responses have not been included in the following chart.

There was considerable disagreement between the priorities of the Committee members and the healthcare staff and housekeepers. A summary of the survey results is found in the following chart:

Question	Healthcare staff		Housekeepers		Write-in Comments and Comparison of Results with Committee Priorities
	% Agree	% Disagree	% Agree	% Disagree	
The housekeepers I work with now have adequate oral English language skills for the job.	69.6	14.4	100		The committees and these 2 respondent groups differed significantly in concern over the issue of oral English language. ESL was not seen as a significant issue amongst healthcare staff or housekeepers. Only 16% of people who wrote in comments mentioned ESL as an issue. However, ESL was the theme most frequently mentioned in the committee interviews. The fact that housekeepers speak amongst themselves in their first language leaves the false impression that they do not speak or understand English as well as they do.
Housekeepers at Metro Area Hospital now are adequately trained to do their jobs properly.	43.32	27.49	68.76	7.69	There is a considerable difference of opinion about training for housekeepers. Housekeepers generally judge themselves to be adequately trained. However, both the committee members and almost 30% of healthcare staff disagree. Training was the second most frequently mentioned issue in the committee interviews. Only 7% of people who wrote in comments mentioned training as an issue. However, 27% said quality of work is an issue.
The housekeepers I work with maintain the quality and standards of THA for infection control.	48.03	22.83	95.31	7.69	27% of people who commented mentioned quality issues. 19% of those were about infection control.
The housekeepers I work with maintain the quality and standards of THA for health and safety.	57.26	17.74	92.31	7.69	

Question	Healthcare staff		Housekeepers		Write-in Comments and Comparison of Results with Committee Priorities
	% Agree	% Disagree	% Agree	% Disagree	
The ways housekeepers have to communicate with THA staff (such as the call center) get in the way of safety, quality and efficiency.	33.06	33.06	38.46	30.77	Strong, clear response that housekeepers need more opportunities to say what they think and ask questions. Communication was the third most frequently mentioned topic in the Sector Committee and Working Group interviews. 26% of people who wrote in comments mentioned communication as an issue. 11% mentioned concerns about teamwork. When housekeepers spoke informally, they frequently told stories about their work and relationships with healthcare staff that strongly suggest a need for better communication and more inclusion. Although the majority of housekeepers interviewed said they liked their jobs, they also said repeatedly that they felt invisible, disrespected, and ostracized by much of the THA staff.
In your unit now, housekeepers are included as part of the unit team with the THA staff.	63.78	14.96	76.92		
In your unit now, housekeepers communicate with the THA staff as team members.	46.4	28	100		
Some people say that housekeepers at Metro Area Hospital need more opportunities to say what they think and to ask questions.	83.74	2.44	69.23	15.38	
Housekeepers can improve their communication skills through more interaction and teamwork with THA staff.	87.09	4.03	92.30		
I would feel safe being a patient in this hospital.	60.4	15.84	76.92	7.69	
The housekeepers I work with now read and write adequately for the job.	69.6	14.4	53.84	15.38	No one commented on reading and writing as an issue.
Housekeepers I work with now understand the duties and responsibilities of their job.	74.99	8.65	69.23		No one commented on this issue.

The Comments sections of the surveys and the interviews provided a wealth of information about the functioning of the units and the relationship of housekeepers to healthcare staff (THA). Much of the information was beyond the scope of this project. That information was discussed at a Sector Committee meeting and forwarded on to the appropriate THA personnel.

It was a pleasure to get to know some of the men and women who work to keep Metro Area Hospital clean. Their desire to do a high quality job, maintain health and safety standards, and be respected for that work was evident in the interviews

In our interviews with housekeepers, we found that many housekeepers have not only completed high school, but also have diplomas and degrees from their home country. For example, we met an accountant, a teacher, and a nurse. Some said they were working as housekeepers while trying to get recognition of their skills in Canada. Others said, because they had families to support, they are doing the jobs they could get while supporting the next generation to complete their schooling in Canada.

In our interviews, the housekeepers expressed pride in their work and their desire to provide high quality service. They mentioned caring about the patients' comfort and health. They said that because they are not always well informed and are not able to read much of the information around them, they are concerned about infection control issues. They also expressed great concern about being responsible for moving infection around the hospital and possibly taking it home to their own families.

Analysis from our Observations and Discussions

In addition to the findings above, some analysis grew out of our observations and discussions with the Sector Committee. This analysis helped determine the actions we recommended.

Information about cleaning procedures, infection control and safety are written, designed and posted inappropriately for many housekeepers' English reading skill levels. We know this from talking with the housekeepers and examining numerous sample documents, posters, letters, brochures and bulletin boards.

The combination of weak English language skills and lack of recognition of their education and certificates from other countries lead new immigrants to entry level jobs like housekeeping. This often leads to a false assumption that these new immigrants have limited educational backgrounds.

Due to the contractual relationship and history between HCI and THA, procedures and rules governing oral communication between housekeepers and THA staff limit the opportunities for housekeepers to practice speaking, listening and understanding while on the job. This coupled with the fast-paced environment and the status differential between THA staff and housekeepers keeps housekeepers isolated and stifles opportunities to learn while working.

Observations from the Housekeeper Training

Three sector specialists each spent a day observing the training and started a review of the training materials. The HCI training for new housekeepers is a three-day program, followed by two days of practice on the units with experienced housekeepers. The first two days are classroom-based providing orientation to their new employer, information on cleaning procedures, communication and scheduling, and health and safety information including infection control. Day 3 is a combination of classroom and on-the-job coaching.

All of the sector specialists who observed the training agreed that the HCI trainers satisfactorily presented complicated material in a short amount of time. They also thought that the housekeepers in training would benefit from more hands-on practice and the classroom training offered in shorter sessions over a longer period of time.

The print materials contain important information for housekeepers. From what the sector specialists saw the materials are aimed at the right reading level. However, they could benefit from a Clear Language and Design (CLAD) edit. Clear Language and Design is an approach to writing and organization that makes information easier to understand and read. The pages of the manual are quite full and busy. It is currently printed in black and white because colour is expensive and because the colour codes differ from hospital to hospital. The sector specialists suggest that trainees learn the colour codes at their hospital by using crayons or coloured pens to colour the pictures accurately for use at Metro Area Hospital.

Healthcare staff and committee members did not know what the HCI training included. They questioned whether housekeepers were being trained in the current protocols being used by the healthcare staff at the hospital. With HCI's absence at the table, we were not able to address that question solely with the data we had gathered.

Analysis of the Training

In our analysis of the training, we focused on two main issues:

1 Too much material is delivered in long days and a short period of time.

Although the HCI housekeeper training is comprehensive, the delivery of the training is not as effective as it could be if good adult education principles were applied to the manual, training schedule and frequency of refreshers and updates.

Adults learn what they need when they need it. Therefore, they learn best when they have some context in order to integrate new knowledge. The information delivery part of the training should be broken up into several shorter days interspersed with time on the unit watching and doing. As the trainees develop more experience and broaden the context for their training, they will have more questions, learn more and remember more.

The healthcare system demands careful attention to detail and a prescribed and replicable process for cleaning, so trainees need much more practice in order to get it right and improve efficiency. Instead of a memorized order of execution, these details would be more readily learned if trainees had a more complete understanding of how infection spreads.

2 The content of the training is not developed with consultation between HCI and Metro Area Hospital frontline healthcare staff.

As we discovered from the interviews and surveys with the healthcare staff, there is little or no consultation between HCI and the frontline healthcare staff regarding the content of the training. There are discussions and contract negotiations held at a higher level. Healthcare staff expressed concerns that the housekeepers follow different infection control protocols than the healthcare staff. Because the healthcare staff doesn't know what is included in the training, they distrust the housekeepers and their training.

Mapping Opportunities

After the project team analyzed the data from the interviews and surveys, the team prepared a list of opportunities for possible action to be presented to the Sector Committee for their feedback and prioritization. The data collected from healthcare staff and housekeepers pointed to action in the areas of:

1 Communication and team work

2 Quality, safety, and infection control

Communication and Teamwork

Possible Action Suggested from the Outcomes of the Literacy Audit Procedure	Action Recommended by Health Sector Committee	Action Implemented
a. Clear Language and Design training designed to start the process of developing in-house capacity in Clear Language and Design through orienting potential "Champions" in ICU, OR, AC and Wellness and Disability Management, and Infection Control.	CLAD Workshops General overview of the theory and practice of clear language and design. Work on documents, posters and signs in current use or about to be implemented. Proposed groups for workshops: • Communications • Infection Control • TU • Workplace Health Champions to be developed in ICU, AC, and OR	Five workshops were held for various groups and departments. • Infection Control • TU • Patient Safety • Sector Committee • Specialized group of invitees 50 people attended and participated in these workshops.
b. Support clear language and design for products under development in ICU and Wellness and Disability Management, and Infection Control.	CLAD edit of documents for bariatric patients CLAD edit of documents for perinatal young mothers Wellness and Disability Management and Infection Control -- violence alert signage, contact precautions, acute care algorithms	ICU In ICU, in addition to the workshops listed above, three consecutive workshops focusing on documents already under development were held to train champions in that unit and to raise awareness about literacy and essential. skills among housekeepers, patients and visitors. Community Engagement letter for young mothers. A sector specialist worked with the Coordinator of Community Engagement to develop a champion in the Community Engagement department and to edit a letter for young mothers regarding perinatal depression, screening and resources.

Communication and Teamwork

Possible Action Suggested from the Outcomes of the Literacy Audit Procedure	Action Recommended by Health Sector Committee	Action Implemented
c. AC Oral Communication project	Participate with a planned communication project on AC by adding a focus on communication between healthcare staff and housekeepers. The AC Unit Manager and Health Educator were initiating a project to improve oral communication on the unit between healthcare staff.	After several meetings with the Patient Services Manager, it became clear that current workloads in AC made it impossible for her to take on this new project.
d. HK's are not presently fully integrated into the unit teams, which results in differences in understanding and procedures.	Initiate pilot projects in all three units to increase integration.	Without HCI's participation, there was no access to housekeepers so the project had to change focus to working with healthcare staff.
e. Operating Room (OR)	Look at infection control communications in OR. Work with OR Patient Services Manager on integrating housekeepers with the Surgical Safety Check List and post procedural debriefs.	The Patient Services Manager decided there was no issue and so the action was not initiated.
f. OR other issues • Issues regarding the cleaning process that occurs when housekeepers, peri operative aides and anesthesia aides overlap in the OR • Scheduling of housekeepers in the OR needs to be more flexible to respond to the procedures scheduled daily. • There is not enough time to gown, un-gown and re-gown for cleaning between OR rooms and procedures	Out of Scope	

Communication and Teamwork

Possible Action Suggested from the Outcomes of the Literacy Audit Procedure	Action Recommended by Health Sector Committee	Action Implemented
g. Combine the Hospital and HCI Joint Occupational Health and Safety (JOH&S) Committee meetings to develop the members (both management and union) understanding of their roles in improving health and safety for employees.	Out of Scope	
h. Change the protocol regarding use of the call centre that would eliminate or minimize the need to use this system for small cleaning jobs.	Out of scope	
i. Provide nametags for housekeepers that give their names, not just their positions.	Out of scope	
j. Do uniform laundry for housekeepers on site.	Out of scope	
k. Introduce new housekeepers when they arrive on units; goodbyes for those leaving	Out of scope	
l. RN's should attend meetings when supervisors meet with HK about infection control.	Out of scope	

Quality, safety and infection control

Possible Action Suggested from the Outcomes of the Literacy Audit Procedure	Action Recommended by Health Sector Committee	Action Implemented
a. Provide for assistance with web design and public education for the Patient Safety Quality Indicators Committee.	Place a member of the TLC project team on the web design committee	TLC provided CLAD feedback on the web design.
b. Violence alerts and information for patients, family and staff need to be clearer.	Work with the THA Project Coordinator on language and design to integrate this information into the housekeeper "How to Clean" cards.	This information was incorporated into the cards.
c. There are differences in understanding between healthcare staff and housekeepers about precaution information, signage and cleaning required. Develop "How to Protect Yourself" and "How to Clean" cards as reference information for housekeepers to be attached to cleaning carts. Clarify and coordinate the housekeeper cart cards with the isolation and other precaution signage and procedures.	Assess content and coordinate development of the "How to Protect Yourself" and "How to Clean" cards with HCI, Workplace Health, Infection Control and TU.	Although HCI withdrew from the project, they did participate in the development of the cards. The cards were developed and the contents and design was coordinated with the isolation and pre-cautionary signage for THA.
d. Examine HCI training from a literacy and essential skill perspective and offer recommendations.	Observe training sessions and review training materials. Make recommendations for changes to training.	Before HCI's withdrawal we observed training sessions and started a review of training materials.
e. Clarify cleaning and precaution procedures for housekeepers and healthcare staff, to ensure consistent understanding.	Work with representatives from HCI, Workplace Health, Infection Control and TU to clarify cleaning and precaution procedures consistently for housekeepers and healthcare staff. Incorporate into HCI training.	Some work was started about this issue. It could not be completed due to HCI's withdrawal from the project and the remaining contact there with the Trainer was lost when she went on maternity leave.

Quality, safety and infection control

Possible Action Suggested from the Outcomes of the Literacy Audit Procedure	Action Recommended by Health Sector Committee	Action Implemented
f. According to housekeepers, they used to be included in more frequent and bigger group meetings updating training. Now HK get updates on preventing infection spread and infection control about once a month through their supervisors. Include HK in group updates.	Out of scope	
g. Develop mentorship between the hospital's JOH&S Committee and HCI's JOH&S Committee.	Out of scope	
h. Establish a train-the-trainer program to teach proper techniques of protecting employees when doing room cleans. TU of the JOH&S Committee and other willing 'trainers' to be a team with recognized knowledge and create time for them to teach others.	Out of scope	
i. Consistent staffing on units	Out of scope	
j. More training for relief/casual/ night HK's	Out of scope	
k. Safety committee not as active as it used to be before and certainly not as active as it was before HCI. Safety committee meets once a month but they don't check up on safety issues on the floor anymore.	Out of scope	
l. Some housekeeping teams don't complete a room or don't complete it to the satisfaction of other staff.	Out of scope	

Action Research

After taking into consideration the Sector Committee feedback, the following actions were determined to be within our scope and possible to accomplish. As it turned out, we were able to do some work on most of these actions. HCI's withdrawal and workload issues for Metro Area Hospital staff limited the outcomes. (See the notes in the chart above).

The possible actions were:

1. Deliver a series of CLAD Workshops that provide a general overview of the theory and practice of clear language and design and develop champions in ICU and AC
2. Support CLAD for products under development in ICU and Wellness and Disability Management, and Infection Control
3. Work with Wellness and Disability Management and Infection Control on clarifying violence alert signage, contact precautions, acute care algorithms
4. Contribute to the AC Oral Communication project
5. Provide for assistance with web design and public education for the Patient Safety Quality Indicators Committee.
6. Work with the THA Project Coordinator, Workplace Health, Infection Control, TU and HCI to assess content and coordinate development of CLAD for a set of "How to Clean" and "Precaution" cards.
7. Examine HCI training from a literacy and essential skills perspective and offer recommendations.

The original project plan for action was based on the continuous improvement model of a Plan, Do, Check, Act cycle. The intent was to try out some possible ideas, observe the effect, adjust and observe again: in other words, a continuous improvement cycle.

The hospital environment proved to be very challenging. Many roadblocks were encountered to implementing actions. They are discussed in the context of each action. We have described each action in the following sections:

1. Action taken
2. Why was this action chosen?
3. What we did
4. What we learned
5. What next?

ACTION RESEARCH ACTIVITIES

Laminated Cards Describing How to Clean to be Attached to Housekeeper Carts

1 *Action taken*

A set of laminated cards was developed describing the specific cleaning process and precautions to observe when cleaning rooms with infections. These cards comply with clear language and design principles and use words and pictures to clearly define the steps a housekeeper needs to take in order to clean a room under precaution. One side of the card describes the cleaning procedure and the other side describes the precautions required for that kind of infection. The illustrations and information on the precautions side of the card were to match, as much as possible, the new precaution door signage that is under development at THA.

2 *Why was this action chosen?*

Many of the hospital staff in their original interviews felt that the housekeepers did not clearly understand the protocols for cleaning rooms under infection control precautions. Through our literacy audit process we found there was a widely held belief among front line Metro Area Hospital staff that the housekeepers were not well trained. An early embedding intervention suggestion from the TU was to develop laminated cards that would hang on the housekeeper carts.

3 *What we did*

We researched the information required on the cards. Because HCI is responsible for training the housekeepers on cleaning protocols, we started by attending an HCI training and reviewing the training manual.

In May 2011, HCI gave us a brochure outlining the protocols for the various types of cleaning. We found the brochure, which was meant to be a refresher to the training, very dense and difficult to read and understand. Our goal was to replace the brochure with a set of laminated cards that included the necessary information in a clear language and design style targeted at Level 2 reading ability.

Arriving at content for the cards that was agreed upon by all the stakeholders (Infection Control, Sector Committee, contract administrator and HCI) and took over a year of meetings, emails, phone calls, drafts and redrafts. Numerous setbacks and disagreements occurred. The process was definitely more complicated due to HCI's withdrawal from the process. They were, however, willing to review drafts and provide feedback so that the cards would be correct and useful.

We produced a laminated prototype and reminded THA that they needed to put procedures in place to implement the cards and keep them updated in the future. THA agreed to work with HCI on this. The housekeeping cards and new carts are scheduled to be in use soon by

the end of February 2013. Training for the housekeepers for the use of the carts including the cards has taken place in preparation for the new carts. See Appendix B: How to Clean cards

4 *What we learned*

a. Ongoing, systemic communication issues exist within THA and between THA and HCI

We thought that determining the content of the cards would be a simple task. However, the complexity of choosing the content quickly became apparent. Lack of communication between stakeholders and disagreement about the content for the cards exemplified the ongoing and systemic communication issues between THA and HCI and the slow moving bureaucratic processes in both organizations. Of course, the process was made even more challenging by the official withdrawal of HCI from the project. Housekeeping and THA staff did not communicate directly about the protocols. Instead, they complained among themselves. This led to lack of understanding and prejudicial thinking between the groups. The issues arising from the complex contractual and bureaucratic arrangements between the two organizations and amongst the staff are not unique to this project. From discussions with staff in both organizations about other development endeavors, this issue is ongoing and systemic.

b. Disagreement on the cleaning procedures

The various rounds of feedback engendered good feedback from many on the distribution list. It became clear that THA staff and HCI differed about the processes for these cleaning procedures. These unresolved issues between THA Health and Safety and HCI needed resolution before we could proceed.

c. Clear language and design brought the differences of opinion into focus

Now that the information was set out in clearly defined steps and plain language, THA realized that some of the procedures and protocols that they thought were in place with HCI were not. The use of clear language and design allowed the THA Regional Director of Housekeeping to see what procedures were in place and where there were inconsistencies. New discussions between the management of HCI and THA resulted in changes to the protocols that will presumably be incorporated in training.

Our original baseline data pointed to need for action in the areas of communication and teamwork, and quality, safety, and infection control. The year-long process of developing the set of "How to Clean" cards for housekeeper carts illustrates how these themes made a straightforward task at THA almost impossible to complete.

5 *What next?*

a. Implement the cards

At the time of the writing of this report, we have been given final approval for the cards. They have been sent to the print shop. The housekeeping cards and new carts are scheduled to be in use soon by the end of February 2013. Training for the housekeepers

for the use of the carts including the cards has taken place in preparation for the new carts. Keep the content accurate

Because cleaning and precaution protocols change from time to time, these cards need to be adjusted as procedures change. We have raised the issue with THA and HCI and suggested that a procedure be agreed upon for periodic review and revision. To facilitate future editing of the cards, the current cards have been given to THA in a format that they can edit. We remain concerned that this may not be done and that the ongoing communication issues will quickly make the cards obsolete.

Clear Language and Design Workshops

1 *Action taken*

Several Clear Language and Design (CLAD) workshops were held for THA staff and TU members. The CLAD workshops were designed to raise awareness about literacy and essential skills, provide an introduction to the principles of clear language and design, and provide practice time with relevant documents in use or being designed at THA.

2 *Why was this action chosen?*

As we discovered how much difficulty and time was involved in developing and implementing actions in the THA environment, we decided that it was important to leave behind a heightened awareness of literacy and essential skills among patients and visitors to the hospital. Our hope was that we would build internal staff capacity in clear language and design that would be adopted as a general policy. Patient health and safety would be improved through increased staff awareness about literacy and essential skills. In-house clear language skills would enable staff to carry on the work of making the hospital environment more understandable.

3 *What we did*

We developed and presented Clear Language and Design workshops to start the process of developing in-house capacity and orienting potential "champions" who would continue to spread awareness and skills among colleagues at THA. The workshops were between 1.5 and 2 hours in duration. The presentation included information about literacy and essential skills, CLAD principles and some short practice exercises.

50 people attended five workshops. The first two workshops were facilitated by nationally recognized CLAD editors, Tracy Defoe and Joan Acosta. The sector specialists facilitated the remaining workshops.

The CLAD workshop facilitated by Tracy Defoe had ten attendees. They were representatives from a variety of THA departments: Infection Control, Communications Support, Patient Services in ICU, Clinical Nurse Educator in AC, NSQip Coordinator, Infection Control from Richmond Health Services and Reduction and Recycling.

The CLAD workshop facilitated by Joan Acosta had four invited attendees. This was a specially chosen small group from ICU, Occupational Health and Safety, Wellness and Disability Management and Infection Control.

The workshop for the Patient Safety Steering Group had 14 attendees. The TU workshop had 11.

The workshop for the Infection Control Regional Team, scheduled and cancelled several times, had 11 people attending. Due to their full agenda we had only an hour to present our information.

The Sector Committee wanted a workshop for the Communications Department, but we were never able to find a time in their busy schedule.

4 *What did we learn?*

The evaluations gave the workshops very positive reviews. The main criticism of the workshops was that they covered too much in too short a time. Many participants wanted more time or a follow up workshop to work on some of their documents.

The difficulty we had scheduling the workshops was another indicator of how busy the work environment is. There was a great deal of enthusiasm and agreement that gaining these CLAD skills and applying them to documents and signage for patients and visitors was important. However departments like the Communications Department and Regional Infection Control found it almost impossible to schedule a time for the training.

5 *What next?*

If there were more time in the project, we would follow up on the recommendations from the evaluations and hold more workshops with a large proportion of the workshop time for editing the documents brought by participants.

CLAD edit of Documents for ICU Bariatric Patients

1 *Action Taken*

A team of six ICU staff brought three documents currently under development for infection control for bariatric patients. Their goal was to have the documents ready for implementation within three months. They hoped the use of these documents would reduce infection, clarify care procedures and reduce the difference of opinion about who qualifies as obese.

A series of three two-hour workshop sessions were held with a team of six healthcare staff from ICU. The first session was our CLAD presentation with information about literacy and essential skills and basic CLAD principles followed by a preliminary look at the three documents that were in the process of development. The second and third sessions focused on coaching and editing to complete the documents ready for implementation.

2 ***Why was this action chosen?***

ICU had identified a need for clearer communication about infection control for bariatric patients. They had written a letter or information sheet for patients and visitors, a procedural guide for healthcare staff and a BMI chart to help decide when a patient was sufficiently obese to require these contact precautions. They wanted to give their colleagues an in-service training session and launch the use of the documents by fall.

Our goal was to develop a team of trained champions in the unit. This was a rich opportunity because this group of healthcare staff regularly work together to develop materials and will continue to do so. Their motivation to participate was high because they were getting help to complete a job that was already part of their workload with a deadline in place.

3 ***What we did***

The action was championed by the Patient Services Manager in ICU who introduced the Nurse Educator to the idea. The Educator then brought her team together. She had been struggling with developing these three documents and was glad for the assistance in meeting her goals. She was already aware of the need to make the documents clear and accessible to patients, visitors and healthcare staff.

A sector Specialist customized the CLAD presentation and workshop plan for this group. The three documents were:

a. Guideline for Implementation of Contact Precautions for Bariatric patients, a BMI table for use in deciding which patients to receive care for the morbidly obese.
b. A letter or information sheet for patients and visitors about infection control procedures for the bariatric patient
c. *Bariatric Patients Contact Precautions to Prevent Infections* for use by health care staff

The workshops started in June. Six members of the healthcare staff on the ICU participated in the series of three, two-hour workshops. The first workshop included a PowerPoint presentation to raise awareness about literacy and essential skills and some basic principles for clear language and design. The next two workshops were group-editing workshops to practice the skills and complete the three documents. Participants worked on the documents between workshops, creating versions to review at the next workshop.

Participants were so pleased with the results that copies of the final documents were included in a presentation made by one of the participants at an International Infection Control Conference in Venice, Italy.

The planned in-service training session for ICU healthcare staff to implement the use of the documents was held in September. One hundred and eighty nurses attended and started using the documents immediately. Copies of the Contact Precautions Guidelines and Guideline for Implementation were placed at the bedsides for healthcare staff reference. The

letters for patients and visitors were kept nearby to give out as needed. All three were also posted on the team website.

4 *What did we learn?*

When the task to be completed was already part of the staff team's workload and was a priority of the Patient Services Manager, it was easy to get these workshops scheduled. As soon as the documents were ready for implementation, communication with the Nurse Educator became more difficult and she was not able to find time to meet again as easily.

Like many adult learners, while the task was necessary participants took part and were engaged with the learning. Once the immediate task was accomplished, they could no longer find the time to meet to take the ideas and learning further.

Concurrently with completing the task, the Patient Services Manager retired. She had the longer term vision of embedding the CLAD orientation and expertise in all the work of the unit. It is unclear how much of a priority this work will be in the future without her leadership.

5 *What next?*

As part of her regular job description, the Nurse Educator will be documenting how successful the redesigned documents are at meeting their goals:

- Has the use of this simplified BMI table ended debates about when the contact precautions should be implemented?
- Has infection spread been reduced?

The remaining members of the team are enthusiastic about their new learning and will continue to help each other use the CLAD approach to document development.

Prenatal Letters

1 *Action taken*

Sector specialists mentored the Coordinator of Community Engagement to prepare and assist her in implementing CLAD principles in letters addressed to young mothers and caretakers concerning prenatal depression, screening and resources.

2 *Why was this action chosen?*

The Coordinator for Community Engagement had written the letters to be included in a package of information going out to new mothers. When she heard about the project, she realized her letters could be made more accessible and asked for help editing for appropriate readability level.

3 *What we did*

Two sector specialists met with the Coordinator for Community Engagement and went over best practices for Clear Language and Design. The Coordinator then edited her letters using these best practices and sent them back to the sector specialists for feedback. The feedback was implemented in the final versions. The finals look very similar. One is intended to tell women that they can expect to receive and Edinburgh Postnatal Depression Score (EPDS) and if they don't, to ask for one. That letter will be included in prenatal information packages. The other letter tells women the purpose of the EPDS and asks them to fill it out. Doctors and staff at prenatal clinics will hand the letter to patients and explain it.

4 *What did we learn?*

This was a good example of how effective it is to create a champion in a workplace. The Coordinator really understood how to make her writing more effective and the draft she sent back to us was vastly improved.

5 *What next?*

The letters will be used and the Coordinator will monitor their effectiveness. She will continue to use the CLAD principles she learned in her future writing.

CLAD Template for the Health Care Report Card

As an extension of our CLAD workshops, and in response to a request from our Steering Committee members, a member of our project team joined the Patient Safety Quality Indicators Committee drafting the first templates for the public Report Card of their quality metrics. These make key quality indicators, some of which are complex measures, understandable to the general public. Our team member edited the public format of their Health Care Report Card template. After a public forum where the templates received positive feedback, these new reports have been in use for some months on THA's website.

Results and Analysis of Action Research Activities

Making Time for Change

1 Everyone we met was very busy. Their work mandates are all consuming and they have little to no time to notice, let alone address, hospital issues from this new literacy and essential skills perspective. Most of them quickly understood the importance of the perspective and that changes were needed, but without the time and authority to make changes, they ran out of energy. Busy professionals are typical of adult learners. They participate while interest is high and relevancy is immediate.

2 During the first year, Committee members were consistently able to attend meetings. However, around the time that HCI withdrew from the project we began to have trouble getting a quorum to the Sector Committee meetings. Clearly, an important motivator for

participation in the project was being able to have direct contact with HCI through serving on the Sector Committee and Working Group. This appeared to be the first time that the TU, HCI and most of the THA staff had sat together to begin talking and working cooperatively on an issue.

Working in an Hierarchical Structure with Limited Cross Communication Between Areas of Work

3 The development of materials at THA will still happen in committee. Without the widespread adoption of CLAD protocols, we foresee continuing difficulties in overcoming bureaucratic barriers and stalemates. We are skeptical about the ability of THA, Metro Area Hospital or HCI to either separately or collectively change to a more productive development and decision-making process.

4 We chose a double committee structure in this workplace because of the hierarchical nature of its' organization. We saw that decisions are made at the management level, but that action happens in the units. The idea was that the Working Group would be the most active committee because they were closer to the work of the unit and the housekeepers. In fact, after the Working Group helped us do the literacy audit, they were able to do very little. Much of the work done on the project required the authority held by the Sector Committee members at the management level. Or, as in the case of the ICU and prenatal letter, it required the staff directly involved in that task. The Working Group stopped meeting at about the end of the first year and at about the same time as HCI withdrew from the project.

Working in a Dual Employer Environment

5 We knew that it was important to have all the decision makers at the table in order to be able to proceed with project plans. This is why we established the Sector Committee. When we secured the participation of the District Manager for HCI we did not realize that the Regional Director would need authorization from his head office and their lawyers, to proceed. On reflection perhaps we were not fully sensitive enough to the contractual and union issues and this limited our ability to offer direction for resolution with HCI's concerns. HCI management did not like the TU influence on the interview questions. Since HCI, the TU, Metro Area Hospital and THA did not have a history of collaboration, our Sector Committee was also not able to offer much guidance on this issue. Corporate interests landed on avoiding risk to their multi-million dollar contract with THA. We were caught by surprise by their sudden and complete withdrawal from the project.

6 We contributed to creating a new line of communication between THA Infection Control and HCI despite HCI's withdrawal from project. HCI did participate with card development because they could see the value and were encouraged to participate by THA.

7 We are encouraged that the cards were completed before the project ended. However we had hoped to accomplish much more and affect change in other ways as well.

8 The TU suggested at the beginning of the project that we work with HCI for the pilot because they thought that the HCI training was superior to that offered by some of the other contractors. They hoped that best training practices might be built into contracts. However, some of the questions in the literacy audit survey triggered HCI corporate concerns about the broad scope of our research, even though most of these questions had already been asked of all the other employees at Metro Area Hospital as part of the Culture Survey. Despite HCI's possible concerns about how the survey might reflect on them, our assessment of the training HCI offered housekeepers was generally positive.

Exposing Assumptions

9 Many THA staff participating on the project originally thought the question was "How do we fix the housekeepers?" They had developed an inaccurate notion that housekeepers were not prepared for their jobs and lacked sufficient English language skills. Therefore, they thought that housekeepers contributed significantly to infection spread. They were operating from a deficit model that defined the reader as the problem in the two-way communication. As a result of this project, those who participated now have a new understanding of their role in communicating with housekeepers.

Ensuring Continuation After the Project Ends

10 The housekeeping cards and new carts are scheduled to be in use soon by the end of February 2013. Training for the housekeepers for the use of the carts including the cards has taken place in preparation for the new carts. We know that the cards will need to be revised from time to time. In the short term, housekeepers should be involved in assessing how readable and useful they are. In the longer term, cleaning protocols will change as new ways to handle infection arise. Someone must own the cards and the process them for updating periodically. Who that will be is still unknown.

11 It is difficult to assess how much affect the CLAD workshops will have in the end. Although the workshops were well received and participants noted changes they would make in their practice, more follow up workshops with more practice and coaching would help to embed the style into their permanent practice.

12 Although we were glad that the "How to Clean" cards and other CLAD workshops and document edits were completed by the end of the project, we had hoped to do much more by working directly with housekeepers with the participation of their employer. The development of the "How to Clean" cards may contribute positively to their work situation, but we have no way of knowing.

13 The retirement of several key figures had a negative effect on the project. Early on we lost the TU manager who had helped conceive of the project and believed passionately in its importance. We lost momentum in the ICU when the Patient Services Manager retired. The champions we have developed amongst healthcare staff could move to other units or jurisdictions. Hopefully they will take this awareness of literacy and essential skills and CLAD approaches to writing and spread the knowledge wherever they go.

Conclusions

In conclusion, the unique challenge of this workplace was its complicated structure and contested environment. Both of the employer organizations involved are structured as hierarchies. Those with final authority to make decisions are a long way from the front line.

The two employer groups have a fairly short contractual history. The beginning of the relationship was contentious as it was an imposed change from a single employer to contracted services. The resulting confusion and resentment was still evolving, and the union / management relationship was wary and distrustful.

As at all of the sites, at the beginning of this project, people did not grasp the idea of embedding literacy and essential skills in work activities and environment. The first thought seemed to be that the issue was the housekeepers' literacy problem and once that was "fixed", everyone else could continue communicating as they always had.

An additional challenge was an incredibly busy work environment. We found that staff in both organizations were running to keep up with the pace of work requirements. This meant that there was little time to step back and foster change to policy and procedures. Sometimes we felt it was impossible to make significant changes. We had to try to be satisfied with making small incremental changes and hoping they would have a ripple-out effect.

Addendum

"Lessons learned have been implemented."
— Message in an email from THA Director

Just as we were completing the writing of this report, more than six months after the end of our data collection and the final Steering Committee meetings, THA personnel got in touch with use to say that they were nearing the end of the preparation for implementation of the new cleaning system. We had left the research project, but as is often the case in workplaces, the work went on without us. What had begun for us as an Action Research item to bring everyone together to write down the safest and best ways to clean hospital rooms under different precaution conditions had evolved to a complete auditable system. Members of our research team went to TMH to speak to our former committee members about the way the things they had learned about literacy and essential skills, and about learning, were influencing their actions. We learned that new cleaning carts with colour-coded products and cloths, new signs and CLAD How to Clean cards are just part of the new system. There has been a new round of training for the housekeepers, and the next stage is introductory training for everyone who works on the wards so they understand the system, too. At the time of writing, the first pilot month shows great promise in reducing infections, but also in increasing understanding and even in building better working relationships.

We also learned that the CLAD templates for the Health Care Report Card to the public have had an impact on making the performance of Metro Area Hospital and THA's balanced

scorecard measures transparently available to the public. Our follow up informants told us that they learned a lot through the transformation of this report from medical jargon to accessible information.

So it would appear that slowly literacy understandings and practices are being embedded in these workplaces. As we hoped, people with real problems to solve welcome approaches that give them new tools, and they keep applying what they have learned. They even told us they were teaching others. Will the understandings of a literacy lens grow and spread in these workplaces? The only way to know is to keep asking the questions.

APPENDIX A

Enhancing Communication in a Learning Culture

(Embedding Literacy and Essential Skills)

Draft

Summary of Data from Interviews:

Sector Committee and HC Working Group

June 2010

Number of Interviews:	22 total
Sector Committee:	13 members
Working Group:	12 (3 members are also part of the sector committee)

1 Themes from Data: Sector Committee, Working Group and Combined

Themes most frequently mentioned to least frequently mentioned:

Order	Combined	Sector committee	Working group
1.	ESL, comprehension related to language, clear language	ESL, comprehension related to language, clear language	ESL, comprehension related to language, clear language
2.	Training for housekeepers	Training for housekeepers	Training for housekeepers
3.	**Communication**	Communication	Communication
4.	Empower housekeepers	Empower housekeepers	Empower housekeepers
5.	Relationships with THA and teamwork	Infection control	Relationships with THA and teamwork
6.	Infection control	Health & safety	HK problem-solving, decision-making, risk assessment
7.	Health & safety	Relationships with THA and teamwork	Infection control
8.	Housekeepers read, write, comprehend	Housekeepers read, write, comprehend	Health & safety
9.	HK problem-solving, decision-making, risk assessment	Quality on the job	Housekeepers read, write, comprehend
10.	HCI supervisors- training, knowledge	HCI supervisors-training, knowledge	HCI supervisors-training, knowledge
11.	Quality on the job	HK problem-solving, decision-making, risk assessment	Conflict on the job
12.	Conflict on the job	Conflict on the job	Quality on the job
13.	Replicate	Replicate	

2 Topics mentioned that are beyond our project but influence the project

Sector Committee:

In order of most frequently mentioned:

1. Heavy workload of housekeepers
2. THA doesn't have control over hiring practices, job descriptions of housekeepers, monitoring or evaluating quality work done by housekeepers.
3. Housekeepers don't have consistent, stable assignments in unit; turnover; no control over their schedule.
4. Time/ busy environment / constraints on available time
5. Money – costs for training
6. BISS /THA is set up to be quantitative not qualitative. Upper management should promote quality initiatives that flow down to units.
7. Housekeepers are separate from unit and disenfranchised through contracting out.
8. No access to computer for housekeepers; main messaging for THA is through email.
9. Quality of cleaning on night shift is not the same as on day shift.
10. System capacity to deal with change

Other topics mentioned once:

- Unit policies
- Resentment/internal conflict among housekeepers
- Accusations by housekeepers that THA staff only listening to certain ethnic groups
- Dealing with the unknown re: activities for this project (how and when will activities take place?
- number and scheduling of housekeepers for activities)
- HCI's business priorities: retention of business, financial impact of any changes, customer
- satisfaction, training cost effectiveness
- Disconnect between senior administration of THA and front-line staff
- Lingering political issues
- Lack of supplies for cleaners
- Hiring practices – don't hire housekeepers whose English is not adequate.
- Multiple cultures in a unit
- Housekeepers not accountable to THA.
- Do housekeepers comply with standards or not? Maybe not a literacy issue.

- Retention of workforce is important.
- THA attitudes about who and what is important in the hospital. housekeepers low on the list.
- Post housekeepers' cleaning schedules in advance; housekeepers' sign when cleaning complete.
- Improve wages for housekeepers.
- Health care staff be involved in setting terms for housekeepers' contracts.
- Build quality initiatives into contracts. Need quality audits that are process audits, not just turn-around time; how people work and the quality of the work.

Working Group:

In order of most frequently mentioned:

1. Heavy workload of housekeepers
2. Financial issues and economics are the focus.
3. Housekeepers don't have consistent, stable assignments in unit.
4. Time available for training (housekeepers have tight schedule, family, other jobs)
5. Reduced number of housekeepers on night shift
6. Contract limitations
7. Change: rapid pace and burnout
8. Housekeepers asked to make clinical decisions that they are not trained to do; inappropriate.

Other topics mentioned once:

- Scheduling housekeepers for in-service training
- Nurses take down signs about room / patient hazards.
- Need culture change in THA re: attitude towards housekeepers.
- Why is there a second/higher level of HCI supervisors? What is their contribution?
- Involve THA managers in units or they could be a barrier in future projects.
- Attitudes of RNs ("not my job")
- Mandate of HCI: how to do more with the same staff
- Accountability of HCI
- Human behaviour issues more than literacy
- Should assign housekeepers based on type of cleaning and number of patients.
- THA has no input into how cleaning and training of housekeepers are done.
- Housekeepers need basic understanding of the job and one standard of cleaning across the board.
- Pace of work is not in sync between nurses and housekeepers.
- Housekeepers don't always have the correct list of room priorities.
- BCNU not asked to support the project; fear that nurses won't participate.

- Too many middle people between unit staff and housekeepers (re: call centre).
- What system does HCI use to prioritize service calls?
- Difficult to get a housekeeper near shift change and break time (housekeepers seem to take breaks at the same time).

3 Opportunities to improve literacy/essential skills/communication for housekeepers

A Training for Housekeepers:

i Review existing training

What do housekeepers learn in their training? How is training delivered? Is the training communicating the right information? What's missing and how can we improve? How can housekeepers give feedback if training is not sufficient or effective?

- Orientation training
- In-service training
- Ongoing training from supervisors
- Training for OH&S committee members: is the provider ESL friendly?
- Training for protective equipment: how delivered and how often?

ii Additional training needed

- Exposure Control Plan where H&S and IF meet. Housekeepers learn to do risk assessments involving systematic problem-solving.
- Respectful workplace training
- Computer skills for online learning
- New H&S orientation needed every time housekeepers changes units.
- Joint in-services for THA staff and housekeepers to be up-to-date on IC
- IC: housekeepers understand why it's important to clean a certain way for IC; better understanding of their role in IC
- Housekeepers with no medical background need basic introduction and knowledge of the hospital.
- Training should happen at the hospital and in the wards.

B Overall Communication System

- Improve communication between HCI staff, THA staff and housekeepers.
- Examine how, when and why THA communicates with housekeepers and HCI.
- Foster communication between housekeepers and nurses. They don't know each other's protocols.

C Housekeepers and Communication

- Make opportunities for housekeepers to say what they think, ask questions, interact with patients.
- Raise confidence of housekeepers to communicate by engaging with them.
- Encourage housekeepers to ask questions.
- Discourage housekeepers from speaking their own language; it enforces separation.
- Improve writing skills of housekeepers.
- Evaluate the literacy skills of housekeepers.

D Clear Language

Examine for use of clear language: *How is technical information presented to housekeepers?*

- training materials
- cleaning protocols and risks
- product information
- IC signs
- safety data sheets
- written instructions

Create communication tools that are easy to understand (e.g., laminated cards for cleaning routines)

E Teams and teamwork

How, when and why are housekeepers and HCI included in the unit team?
Are housekeepers' language skills good enough to participate in huddles?

- Collaborative team approach is better than going through managers.
- THA staff and housekeepers participate together in daily huddles to discuss unit priorities.
- Link to Positive Deviance project.
- Change relationship between THA staff and housekeepers through more introductions and sharing information.

4 Barriers to improving literacy/essential skills/communication for housekeepers

A Barriers related to literacy/essential skills

- Lack of computer access for housekeepers for training and for communication with THA staff.
- Many different first languages among the housekeepers. Hard to create training and information materials.
- We have to be prepared for culture and language issues when trying to understand the role of housekeepers.
- Nurses in some units take down signs about room and patient hazards when warnings for housekeepers are still necessary.
- Housekeepers are intimidated so they won't ask questions.
- Housekeepers use their own languages and exclude themselves.

B External barriers that influence the project

i Work environment

How do we keep any changes going?

- Busy, fast, stressful environment with significant time constraints for everyone; timing project meetings or interventions in this kind of environment.
- Unit policies and bureaucracy
- Contract language and limitations; THA no authority to deal with housekeepers or cleaning issues
- Lingering political issues
- Rapid pace of change, system capacity to deal with change, and burnout on change
- Administration's commitment to change
- Attitude of RNs – "It's not my job"

ii Focus on housekeepers

- Housekeepers are disenfranchised and can't participate.
- Language and literacy skills of housekeepers for participation
- Time for learning: housekeepers' workload and busy schedule at work; after work, they have family commitments and other jobs.
- Staffing of housekeepers: turnover, changing schedules of housekeepers, discrepancy between quality of work in day and night shifts
- Resentment/internal conflict among housekeepers
- Accusations by housekeepers that THA staff are only listening to certain ethnic groups
- Lack of understanding by housekeepers of the financial purposes of training

iii Focus on HCI supervisors

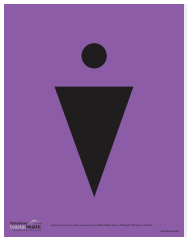
- Supervisors sometimes have wrong information about room priorities.
- Supervisors can be fearful themselves about infection control.
- Level of knowledge and leadership skills of supervisors need to be raised.
- HCI doesn't participate in solving problems with housekeepers reported by THA staff.

iv Focus on finance

- Focus on financial aspects of training can minimize importance and length of training.
- Financial costs to pay for housekeepers' participation in any training, including casuals.
- No resources for large interventions involving many housekeepers

APPENDIX B: HOW TO CLEAN CARDS

Airborne precautions



If you see a purple Violence Alert sign, go to the nurses' station. The nursing staff will tell you what to do.

Important

- Do not leave the room wearing gloves and gown.
- Always keep the door of the patient's room closed.

Get set up

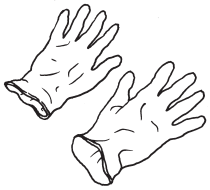
1. Put your cart with all the equipment you will need outside the door.
2. Set up a wet floor sign.

Before you enter the room

1. Wash your hands with soap and water or hand rub.

2. Put on an N95 respirator.

3. Put on a gown.
4. Put on gloves.



Before you leave the room

1. Take off your gloves. Throw them in the garbage.
2. Take off your gown. Don't touch the outside of the gown. Put it in a laundry hamper.
3. Wash your hands with soap and water or hand rub.

After you leave the room

1. Use the strap to take off your N95 respirator. Throw the respirator in the garbage.

Common reasons for an airborne precaution

- Tuberculosis (TB)
- Measles
- Chicken pox

How to do a daily clean: Airborne precaution

Before you enter the room

- Check the precaution sign on the door. **Follow instructions on the back of this card.**
- Leave all supplies at the door and set up a wet floor sign.
- Put on PPE—respirator, gown, gloves.

1 Enter the room

- ✔ Enter the room with your supplies and close the door. Don't leave the room until you finish cleaning.

2 Collect the garbage

- ✔ Remove the garbage bag. Put in a new liner.
- ✔ Collect all the dirty linen.
- ✔ Check sharps container. Replace the container if needed.
- ✔ Take everything you have collected and leave it by the closed door.

3 Clean the room

- ✔ Disinfect the bedrails and the bedside area with a damp cloth and **Virox**. (Contact time for Virox is **5 minutes**.)
- ✔ Disinfect all the contact points, flat surfaces, and edges.

4 Clean the washroom

- ✔ Put on clean gloves and pull up your goggles.
- ✔ Disinfect all the contact points.
- ✔ Disinfect the sink, including under the sink.
- ✔ Use the workplace bottle of **Virox** to clean the toilet bowl. Disinfect the entire toilet and toilet seat.

5 Restock the room

- ✔ Take off your gloves.
- ✔ Wash your hands and put on clean gloves.
- ✔ Restock the room and washroom.

6 Clean the floor

- ✔ Use a damp mop to clean the floors. Mop the washroom floor last.

7 Take out supplies

- ✔ Take out cleaning supplies and the garbage and linen you collected. Close the door behind you.

8 Take off PPE

- ✔ Take off PPE and goggles. Wash your hands following the instructions on the back of this card.

9 Clean up

- ✔ Disinfect tools and goggles. Discard garbage and linen.

10 Wash your hands

Remember

- Watch for sharps in the bed.
- Do not re-dip used cleaning cloths.
- Do not use a mop head after you have used it to clean an isolation room.

Impact Assessment Report

Summary

The focus of this project was to identify and implement ways to embed literacy and essential skills in a healthcare environment and assess the impact of the actions undertaken. The research was conducted in a large urban hospital and a regional health authority. The major stakeholders were the hospital, the Regional Health Authority administration, the union and the cleaning contractor. There were clear impacts from this study in the following areas:

- Broader awareness throughout the organizations of what constitutes literacy
- Increased understanding of Clear Language and Design principles -- how to write and design materials that are accessible
- Transfer of these skills through the organizations
- Improved team work and clarity of communication
- Awareness of good literacy practice and an understanding of how to use modeling and coaching to embed these practices

Introduction and Background

Two committees were established to guide the project: a Sector Committee composed of decision makers and a Working Group composed of front line staff from all stakeholder groups. The purpose of the Sector Committee was to steer the project and provide sufficient authority to implement actions. The Working Group provided experience on the front line and provided introductions and access to the units and staff. We collected data from Committee members, healthcare staff and housekeepers. This data pointed to action in the areas of:

- Communication and team work
- Quality indicators, safety, and infection control

This impact assessment looks at the results of those actions. Our initial plan was to use the Plan Do Check Act (PDCA) approach. We planned to measure the baseline; identify embedding opportunities; implement changes; measure the result; and adjust in response to the results. Our intent was to change the training and work environment for housekeepers and to involve them in that process. The withdrawal of the cleaning contractor, one of the major stakeholders, changed the focus of the project. As we were no longer able to involve the housekeepers directly, the Sector Committee and researchers developed an action plan aimed at making changes that affected the environment of the hospital. The intention was that healthcare staff would develop awareness of how to better communicate with healthcare staff, housekeepers, patients and visitors at all levels of essential skill and language proficiency.

The plan was to encourage organizational change at the health authority and in the hospital to create an environment more accessible to those with low literacy skills.

Methodology

1 Post Clear Language and Design Workshop Evaluations

We conducted post-workshop evaluation questionnaires with all participants. Frontline healthcare and union staff participated through a series of Clear Language and Design workshops. Five workshops were held with total attendance of 50 healthcare staff and union members. Staff attended from the following departments:

- Infection control
- Communication support
- Patient services
- Unit A multi-disciplinary team
- Nurse Educators for Unit C and other units
- Wellness and Disability Management
- Health Services, Reduction and Recycling
- Occupational Health and Safety
- Infection Control Regional Team
- Union administrative staff and union reps

2 Discussion and Questionnaire Distribution at the Final Joint Sector Committee / Working Group Meeting

At a joint Sector and Working Group meeting we used flip charts and live recording to gather feedback from the group on the impact of the actions undertaken throughout the project. However, only a few members were able to attend the final meeting, so we distributed questionnaires and asked members to respond by email. Very few responses were received. The discussion amongst those able to attend the meeting was a rich source of feedback.

3 Interview the Most Involved Participants in Person or on the Phone

We then chose to conduct individual interviews with as many of the main project participants as possible. The interviews were the most successful approach and garnered useful information for assessing the impact of the project in this workplace. However, by the time we started the assessment and impact analysis aspect of the project, many of our active participants had moved on to other priorities. The hospital is a very busy work environment. We had limited participation in the interviews perhaps because there was no immediate benefit to them to participate in our assessment phase.

4 Re-administer the Initial Survey

At the beginning of the project we conducted a set of interviews and a survey to explore the housekeepers' work and the essential skills required to accomplish that work from the perspective of housekeepers and healthcare workers who were in contact with them.

A total of 127 frontline healthcare staff in 3 hospital units participated in those surveys and interviews. We also conducted in-depth interviews with the members of the Sector Committee, Working Group and thirteen housekeepers.

In order to assess the impact of our actions, our original plan was to re-administer the survey we used at the beginning of the project to measure change in the organization and housekeepers. However, the project had changed so much since its' inception that this was not useful or possible. We decide to focus on measuring changes in the institution by surveying the Sector Committee and Working Group and interviewing the multi-disciplinary team in the third unit.

During the initial survey, asking questions about interactions and communication with housekeepers already started people thinking about their contribution to the situation.

What did they do to make communication easier, or more difficult? How did they include housekeepers on their team?

How were new infection control procedures shared with housekeepers?

In this way, the initial survey by itself had an impact on the respondents. "That initial survey was very helpful. That survey made me think. Oh! I never thought about that before…the questions itself were good enough to get me to change my behavior." One administrator commented that she was realizing for the first time that literacy issues in the health region included patients and visitors as well as housekeepers. Another administrator noted that other entry-level staff such as porters and care aides could have issues as well.

Analysis

The discussion below outlines the impacts of the Action Plan developed in conjunction with the Health Care Sector Committee.

1 Deliver a series of CLAD (Clear Language and Design) workshops that provide a general overview of the theory and practice of clear language and design and develop champions in the institution.

The workshops created to teach clear language and design had impacts on individual and organizational awareness and practices. Five CLAD workshops were held. A total of 50 healthcare and union staff participated in the workshops and completed the post workshop questionnaires before leaving the workshop.

The CLAD workshops included information on plain language, collaborative writing, page design and literacy awareness.

In their responses,

- 100% of the participants said these workshops gave them a new awareness about the literacy of patients, visitors and healthcare staff.
- 80% said definitely and 15% said possibly that the workshop had helped change their writing styles.
- 100% of participants said they definitely or possibly had learned skills that would affect their professional practice.

Comments on the questionnaires indicated increased awareness of the literacy level of the public, patients, visitors, housekeepers and other entry-level staff. Two Sector Committee members interviewed talked about now understanding that literacy is not just about reading, but is about communication. One of them went on to say: "In healthcare we use acronyms and communicate not necessarily considering the target audience. We will be bringing communication to the common level a lot more. Plain language will continue." Another member said: "It made me think about literacy in a much broader perspective."

Participants indicated that they would be taking their new awareness of the literacy levels of their audiences into account when writing and designing documents in the future. They now have more skills to use in changing from writer-centred to audience-centred writing.

> *"It made me aware of (a) identifying with your reader, (b) apply short sentences, (c) plain language and to the point."*
>
> *"The CLAD workshops definitely influenced me. I now seldom bold, I use a larger font, I leave more white space, I give the bare bones of information, I break the writing into paragraphs. It's all new."*
>
> *"I now ask, 'Is it targeted to the reader?'"*
>
> *."… I will help colleagues with their printed materials, and monitor messages around the hospital for ways to improve upon them."*
>
> *"I have learned how to implement strategies that fit with everyday life and priorities on my units. Speak in simple and plain language to get across to the listener."*

Later, when interviewed, participants in the workshops said that they are using the skills and encouraging their colleagues to as well. These participants will be "champions" continuing to embed CLAD skills and attitudes in their units.

A union member said: "We now talk about showing the drafts to members to see what they understand." She went on: "Union staff now say, 'What if we do this to make it shorter or simpler? How can we make it easier for members to skim?'"

One healthcare staff person said: "We ICP's (Infection Control Practitioners) will use the CLAD information to enhance our ability to communicate."

2 Support clear language and design for products under development in the hospital.

Two departments in the hospital received CLAD coaching as part of this project – Unit A and Community Engagement.

Unit A

A workshop and two coaching sessions were provided in a unit at the hospital (identified as Unit A in this report) to complete documents that were already in process for a challenging and specialized patient group. The multi-disciplinary team participated enthusiastically in the workshops.

The documents developed for Unit A impacted healthcare staff in several ways. The multi-disciplinary team that participated in the CLAD workshops gained awareness of the level of readability required to meet the literacy and essential skills needs of the intended audience – patients, staff and visitors. They also learned how to collaborate while editing documents for clear language and design. The team left the workshops with enthusiastic feedback that they would incorporate this awareness and approach in all their future writing efforts.

The care protocols outlined in the documents were introduced to 180 healthcare staff as part of a training session for care of this patient group. The documents were well received and are currently in use by healthcare staff. All patients and visitors to Unit A are receiving copies for their use and information. The CLAD documents are easy for everyone to read and understand. Now everyone quickly understands the gown and glove protocols and uses them.

The Nurse Educator in Unit A says that she sees a marked decrease in infection spread. She also says the clarity of the procedures has reduced conflict and disagreement among healthcare staff over procedures. She credits both these changes to the clarity of the documents. As a result, the CLAD approach to document development is becoming the way they do business. "When we put together new signage, colleagues are quick to edit and simplify. It is becoming part of how we operate."

The documents we helped develop in Unit A were so well received that the other Units adopted them. As well, a Nurse Educator who works in several units is taking them with her to other units. "Then one of the Nurses, an Educator, works down here by picking up overtime. She got wind of it and so will use it, too."

A Unit Manager incorporated the resulting documents in a presentation at an infection control conference in Venice, Italy. She used the opportunity to share her new awareness about the language level required to communicate with families.

Community Engagement
All the documents developed in Department B, a Community Engagement department, go through the Coordinator. Researchers coached the Department Coordinator to edit a set of documents for expectant mothers. The purpose of this coaching approach was to help the Coordinator to develop CLAD skills and encourage her to coach others in the department in their use.

The revised community engagement letter for expectant mothers is now distributed to all expectant mothers at this hospital. These expectant mothers are benefitting from receiving important information in an accessible format. The coordinator who developed CLAD skills during the process is sharing her new awareness and approach with others as she uses them in her work.

3 Contribute to Unit C's Oral Communication project

Staff in Unit C wanted to develop scripts for changing the oral communication habits of the healthcare staff. Initial coaching sessions were held and the meetings served to raise awareness of the possible literacy needs and abilities of staff, patients and visitors (unfortunately the healthcare staff in this unit were unable to find the time to pursue their project). During her final interview, the manager noted: "We have to go beyond this housekeeping and all that. It is much bigger than that."

This new awareness has led to a fundamental change in her attitude toward the housekeepers. She realized that the housekeepers working in her unit felt invisible. Now she finds out the names of her housekeepers and calls them by name. "I now try to say hello to them – housekeepers and porters. They were considered outsiders. But the outcome of their work, their impact is so profound…"

4 Provide assistance with web design and public education for the Patient Safety Quality Indicators Committee

One researcher joined the Patient Safety Quality Indicators Committee. This committee was developing web pages outlining safety and quality indicators for the public. In addition to giving CLAD feedback and coaching on the web page design, the researcher also re-worked the Quality and Patient Safety Report Card using CLAD principles. The resulting Report Card has now been adopted as the provincial template for this type of reporting. One administrator said: "It was very helpful. The fact that everybody not only really liked the format, but also really appreciated the fact that there were focus groups with public members as well as your expertise involved in that."

One of the representatives of the Communications department attended a CLAD workshop. Later, when she was presented with a 70-page family handbook for patients in the brain injury and stroke unit, she contacted one of our members for advice. "We learned a lot from that document. Now we are asking for help on a much shorter version."

We are still receiving calls from the Communications department asking for assistance in developing documents using the CLAD approach. Clearly they are valuing learning about format and language.

5 Work with the Regional Health Authority Project Coordinator, Workplace Health, Infection Control, union and cleaning contractor to assess content and coordinate development of clear language and design for a set of "How to Clean" and precautions cards.

We developed a set of double-sided, laminated cards to hang from the housekeepers' carts. Each card describes the cleaning procedures necessary for each infection control precaution. The process of clarifying the contents for the "How to Clean" cards led to participants realizing that they did not have universal agreement about cleaning procedures. They noticed for the first time that the cleaning contractor was not using the protocols that the Regional Health Authority required and assumed were in place. This led the managers of the cleaning contractor and the Regional Health Authority to new discussions about the procedures.

> *"This is an opportunity for us (the hospital) to ask the (health authority). How do we actually sit down with (the cleaning contractor) trainers and walk through all their training materials. Because I think this is a positive thing that you have actually discovered something that we may not have known. I think it's a good thing. So how do we take it and turn it into action? We need to actually pull a group together…It needs to be the right people… not just the initial training, it's the refreshers, etc. The cards will help with that."*

Those involved in the card development came to understand that their original assumptions that housekeepers were not well trained or did not clearly understand the protocols were wrong. In fact, the cleaning contractor and the Regional Health Authority were not aware that they both had different ideas about the protocols. In addition there was disagreement among members of the Committee about the procedures. Once the procedures were clarified, both parties could follow the same protocols.

The cards have been delivered and are ready for use.

6 Integrate the violence alerts, the precautions signage, and the housekeeper "How to Clean" cards

The violence alert information was incorporated into the "How to Clean" cards and the cards were coordinated with precaution signage. Common formatting graphics and colour make this important precautions information more accessible.

7 Examine the training given to housekeepers by the cleaning contractor from a literacy and essential skills perspective and offer recommendations.

The researchers had the opportunity to observe the housekeeper training and review their print materials from a literacy and essential skills perspective. Recommendations were made at the time and were received by the trainers with appreciation. Due to the withdrawal of the cleaning contractor from this project we were unable to assess how those recommendations were applied.

Although we cannot know if we affected the training materials of the cleaning contractor, we did work with several Nurse Educators at Metro Area Hospital. One said: "I have been writing education materials for a long time now, and have always recognized that the impact of the materials was not always what I hoped for. Your sessions have helped me understand the reasons for this, and given me some skills to address them."

Other Impacts

1 Changes in understanding cultural literacy

Participants often noted a shift from assuming everyone understands. "You realized that we base a lot on assumptions… people's starting point. We start over here, where in actuality we have to back it up."

Many mentioned that there is a lot of room for misinterpretation with speakers of languages other than English and immigrants from other cultural backgrounds.

"We don't know what they know because of miscommunication and assumptions. So I totally see the value of what you guys have accomplished here. And what that means for us … in terms of infection control practices… You get them all reading from the same page with the same understanding… the cleaning will improve and the net effect will be decreased spread of infection."

"It's not only literacy we had to deal with but people do not have a clear understanding of what mainstream, healthcare culture is. So that is for me, that is an essential skill… so it's not just language. We take for granted that if you are an adult able to communicate at a certain level, you understand kind of a complex…it's almost like a social contract. Cultural literacy."

2 Contribution to problem solving

Despite the formal bureaucratic procedures for developing and approving procedures and documents, front-line healthcare staff are quick to adopt things that work without waiting for committees and approvals.

In a busy and stressful environment misunderstandings and miscommunication often lead to interpersonal or even systemic issues. These include the spread of infection and looking for the culprit(s), arguments over who qualifies as a bariatric patient, and the demoralizing sense of invisibility of housekeeping staff.

Unit A and Unit C both say the infection rate is down and partially credit participation in our project for that change. Unit A also reports fewer disagreements amongst healthcare staff over identification, placement and care of bariatric patients. The agreements reached on the content of the "How to Clean" cards led to rationalization of the cleaning protocols between the cleaning contractor and the regional health authority. We hope this will lead to less blaming of housekeepers as "culprits" in the spread of infection.

> *"I think because we are paying so much attention to this cleaning and all that our infection rate is down."*

3 Impact of modeling good literacy practice

The thrust of several of our initiatives was to embed good literacy practice and design by coaching healthcare staff and modeling CLAD principles.

> *"I was very impressed the way your study was set up. You wanted to actually do something to make their job easier… If I cannot do my job well because I cannot read or understand, or whatever, but if someone is there to help me, I think that would be the best thing I could have…You were actually trying to make their learning easier."*

> *"The surveys created a lot of enthusiasm and raised awareness, especially for the need for plain language. I think the work you guys have been doing, plus the work we were doing before, is translating down to the unit level. I remember when you were doing the surveys, then there were posters put up that were just a little more plain language. So there has been a general improvement in that direction. Especially all the contact signs. Because that affects everybody – nurses, visitors, housekeepers…everybody."*

> *"Sitting around the table with people who think differently than me. I find that incredibly valuable. It makes me grow as a person."*

Several of our Committee members changed positions during the course of our project, moving to other units, hospitals and health regions. They will apply and share their new awareness and skills with others in those environments – a ripple effect in the modeling.

Outstanding Questions and Recommendations for Further Research

In many ways our research team feels we are just beginning to track the impacts of our research actions. We also know that many more actions toward what this sector calls quality improvements remain to be implemented. Healthcare is an important aspect of Canadian society and one where the general public, a cross-section of patients and a range of experts and specialists interact with front line workers. We would like the opportunity to assess these questions in the future.

Skills transference

1. Will the adoption of the CLAD edited documents by other units influence the institution's writing?
2. Will the inclusion of the CLAD edited documents in the International Infection Control Conference in Venice, Italy, lead to adoption of these principles in other jurisdictions?
3. Will the existence of the "How to Clean" cards provide a useful model to meet other situations that need clarification and consistent execution of procedures?
4. Will the readability / accessibility of the cards encourage housekeepers to read, expand vocabulary, and feel more confident as predicted?
5. Will Regional Health Authority staff continue to improve and use CLAD skills?
6. Will the author of the letter for expectant mothers use her new skills and enthusiasm in her new work environment as head of the Communications Department at another large urban hospital? Will there be a ripple effect in the other institution?

Consistency of cleaning, safety and care protocols

1. Will the realization about the lack of mutual understanding and agreement about cleaning processes have an effect on the working relations between housekeepers and healthcare staff and contract requirements between Cleaning Contractor and the Regional Health Authority?
2. Will clearer communication reduce staff conflicts over care and cleaning procedures?
3. How will the cards be "launched" through training? Placement on the carts? Will both housekeepers and regional health authority staff be involved so they all know what is on the cards?
4. It would be useful to look at what happens when the Occupational Health & Safety Committee makes changes to safety protocols. How are they communicated to staff? How do they ensure everyone understands the changes?

Long term impact of clear language and design embedding

1. Will the implementation of CLAD designed "How to Clean" cards have an effect on spread of infection, training of housekeepers, consistency of cleaning protocols, etc.?
2. Will documents that are more accessible to the intended audience improve understanding and compliance with important health and safety procedures?
3. Will patients, visitors, and hospital staff read the documents more often and with better understanding?
4. What effect will the CLAD edits have on the users of the website? Will their understanding be increased?

5 Will the cards be seen as important enough to keep updated, using the same CLAD approach?

Ideas for Further Research

1 Unit C recommended doing another project focusing on care aides and other entry-level positions in the hospital staff. The nursing field has several different levels of education for entry requirements. Thus, there are care aides, LPN's, RN's and even RN's hired many years ago with just a diploma. There are also rehabilitation assistants, and Occupational Therapists, activity workers, etc. The Unit C staff spoke of the need for using language everyone understands to communicate effectively. "It is challenging, especially medical jargon. The problem is that we think we have communicated, but we don't make sure that message was received. Because of the time constraints. I think that plain language has to go beyond this housekeeping and all that. It is much bigger than that".

2 Approach the cleaning contractor directly and separately to contribute to the training and work with housekeepers more directly.

3 Come back to the hospital in a year and check the impact of this project once some time has passed with products in use. Involve housekeepers, Unit A patients and visitors and prenatal patients in assessing the readability and usefulness of the products.

Conclusions

Problems with Embedding in this Context

1 Relationships

The biggest issue we faced was the complexity of the contractual relationships and lack of trust between the Regional Health Authority, union and the cleaning contractor. Initially, the involvement of the cleaning contractor was a big motivator for participation by the Health Authority and the union. Consequently, once the cleaning contractor withdrew, the motivation of the others decreased. Fortunately, by that time we had managed to raise awareness enough that there were still actions on the table of significant enough interest to keep some of our stakeholders engaged.

2 Intense Atmosphere

The fast paced and intensely busy work environment limited participation in the project. People are constantly challenged to set priorities in a hospital environment and it was difficult keep this project at the forefront. One administrator said: "But I don't think we had the opportunity to use your expertise because we were busy finding more staff, beds, orientation, etc. Unlike office work, you cannot leave it until you have time. The nature or our business is that it has to be done now. … we think everything must be done right now or yesterday."

The healthcare staff we worked with are all high level learners and passionately engaged in their profession. They quickly understood the importance of this new awareness of literacy and essential skills and its implication for their work. However, finding the time to do more than adopt CLAD writing principles was very challenging for them. It is an indication of the degree of their interest that they stuck with the "How to Clean" cards for as long as they did. Once the products they were interested in were "done", they no longer had time for participation. The longer term and less concrete goals of embedding and creating a rich learning environment for less well educated staff were just too much for them to consider. The hospital is already a rich learning environment for staff at their level of education.

3 Staff Turnover

Frequent staff turnover makes continuity of a long-term project and ongoing ownership of initiatives challenging. During this project we lost about half a dozen key participants due to retirement, job change, moves to other institutions, etc.

4 Large, Hierarchical Organization

The workplace is very hierarchical. Procedures and the status differential between housekeepers and hospital staff limit the opportunities for housekeepers to practice speaking, listening and understanding in English. One nurse practitioner said she now "realized that housekeeping staff felt invisible. I now try to say hello to them and just acknowledge them-housekeepers and porters. They were considered outsiders. But the outcome of their work, their impact is so profound. It was a kind of human aspect of something I learned."

Any new initiative at the Health Authority requires multiple levels of participation and approval. Change is hard to implement. One nurse educator said: "Nobody inside Regional Health Authority would have been able to produce what you have produced. It's frustrating. As frustrating as it has been at times, and the energy that it took, it wouldn't have changed if it had been internal. Not only that, it may have hit a roadblock. Because you have to have people who own it, who are passionate about it, and are willing to steer the ship and move it forward. If it is somebody who is doing it off the side of their desk, Or as an additional project it wouldn't have happened."

5 Short term project involvement

Because we are outsiders with a limited duration of involvement with Regional Health Authority staff, we will be unable to effectively monitor the implementation of the "How to Clean" cards. Regional Health Authority staff have moved on to other more pressing business and have not made time to respond to our inquiries about the status or plan for implementation.

Implications for Policy

1 Training

It was clear from the initial interviews and surveys that healthcare staff were unclear about what the housekeeper training included. They were not consulted about content, and they observed cleaning practices that were not consistent with their expectations. This issue arose again when developing the "How to Clean" cards. Through that process it became obvious that there were assumptions made on both sides about what was being, or should be, done. Participation in the CLAD design of the cards uncovered those assumptions.

Establishing a joint review and revision of the content of the housekeeper training materials using CLAD principles and process would provide an opportunity to create mutual agreement and understanding about cleaning practices.

2 Systematize/ Rationalize Health Care Documents

Policies and procedures differ from one hospital to another, even within the health region. Each hospital, and often even each unit within it, has its own culture. The workplace is very idiosyncratic. When you implement a change in one place, you have to implement it everywhere else separately. For example, precautions signs are not universal and cleaning procedure descriptions differ from hospital to hospital.

3 Team Work and Communication

Communication between healthcare staff and the cleaning contractor's staff goes through channels, which are often inefficient and not conducive to working as a team. The research indicated that there was room for improvement in the area of developing teamwork between the housekeeping staff and others who work at the hospital. Some housekeepers felt this so strongly that they felt "invisible".

A project aimed at building teams on the unit might address this issue. Suggestions included trying to keep staff consistent in units rather than frequently changing, nametags for housekeepers, including housekeepers in safety huddles, and initiatives that encourage units to connect and communicate with housekeeping staff.

Housekeeper training could include coaching on how to relate to healthcare staff. One hospital staff member said: "I think that if people take initiative to say 'I'm so and so. I'm the regular housekeeper here'. I think that is also very important. Rather than us trying to lead them, they actually need to take that initiative and say, 'I am the (cleaning contractor) team member here. I am going to be here five days a week or whatever'."

It might be helpful to directly address issues of cultural literacy, which often accompany English as a Second Language issues. There is a need to clarify culturally acceptable behavior. Hospital staff were concerned that housekeepers were addressing patients as "papa" or "mama". They felt this was not acceptable.

Teamwork initiatives could also include the food services workers who deliver food on the unit.

4 Continuity

High staff turnover, multiple approval levels, and idiosyncratic procedures slow the development of consistent documents throughout the health region. Unless documents are developed with input from all concerned, trust levels are low and there is a lack of ownership. The organization is so large that unless there is a high level of ownership, things get lost.

Did Embedding Happen?

We explored the idea of embedding literacy and essential skills in the workplace as an alternative to direct instruction of low literacy level workers.

Although our initial focus was housekeepers, after the cleaning contractor's departure we expanded the project to include communication with visitors and patients. To some healthcare staff the broad demographic information from IALS (International Adult Literacy Survey) was new information. One administrator who was concerned about housekeeper literacy and essential skills had never considered that patients and families might also be unable to understand the health and safety signage and other written materials they were receiving. She now realizes the need to design materials for this broader audience.

The actions we took did embed literacy and essential skills in several workplace documents. By applying Clear Language and Design (CLAD) principles to these documents and targeting a Level 2 audience, they became more readable to many more people. Therefore, we improved the learning environment.

The idea of "embedding" is based on a simple principle. Adults will gain literacy skills when in a supportive and appropriate learning and working environment. The challenge in this approach is to assess the current environment and make adjustments that increase access to information for everyone. The environment must be accessible, relevant and interesting. Information, concepts, and vocabulary need to be introduced carefully. If people are presented with material they can read, they are more likely to read it. If the signs, newsletters, posters, training manuals are written with a readability level and visual design appropriate for low literacy audience, everyone will benefit and learn.

Clear Language and Design

The concept of using plain language in posters, brochures, letters, etc. was not new to the Health Authority, but most people we encountered lacked the skills necessary to adapt the readability of documents to an IALS "Level 2" audience. Most people liked the idea of keeping it simple, but got caught in communication protocols, acronyms and medical jargon. In addition, most documents required multiple levels of approval and many of them suffered from being written by committee.

The additional perspective of clear design was new. Simplifying the words in a document makes it easier to read. However, if it still looks complicated a poor reader will not even attempt to read it. In particular, the cleaning contractor and Infection Control department were generally already targeting an appropriate readability level. However, the addition of CLAD principles made their training materials, hand hygiene posters, letters to patients and visitors appear more accessible to the reader and, therefore, encouraged reading and understanding.

Infection Control

Like every Health Authority the one we worked with is very concerned about infection control. This was the main motivator for the hospital's participation in the project. The embedding project proposed a way to contribute to reducing infection spread by improving understanding, knowledge and skills regarding literacy and essential skills in high and middle level administrators, hospital staff and housekeepers - in effect, causing a change in the culture of health care professionals and support workers. The process we used to develop the "How to Clean" cards, deliver CLAD workshops, and revise various patient care materials, raised awareness of the literacy and essential skills of their audiences. Healthcare staff embraced the need to communicate more clearly with housekeepers, patients, visitors and amongst themselves in order to get participation in infection control protocols. Participants from Unit A credit the recent drop in infection rate to the introduction and use of the CLAD documents last year.

Moving from a Deficiency Assumption to Mutual Responsibility for Communication

The initial surveys and interviews suggested a general belief that if the literacy skill level and training of housekeepers were improved, there would be fewer infection control and health and safety issues at the hospital. Some healthcare staff had developed an inaccurate notion that housekeepers were not prepared for their jobs and lacked sufficient English language skills. They believed that housekeepers contributed significantly to infection spread. The fact that we were unable to affect the housekeeper training or skill level, enabled us to shift our focus and concentrate on the attitudes of the health care staff. People who participated in the project demonstrated an improved understanding of the two-way responsibility for communication. They came to own the idea that the issue was no longer about the housekeepers not being able to read, but rather about writing so that everyone can understand.

What We Learned as Researchers

1 Don't underestimate how long it may take to implement

The project funding was for 3 years. At the end of the time we had accomplished some things, but our major initiative (the development of the How to Clean cards) was left incomplete. Almost a year went by with no communication about the status of the cards, their implementation or the training we recommended to accompany the cards. Then we

received an unsolicited email from our primary contact for that portion of the project. Clearly, they had gone forward with the idea and expanded it to include redevelopment of the entire cart and included all hospitals in the health region.

2 Don't underestimate the politics of the organization.

In this case there were multiple employers and a union, coupled with the historical but still remembered imposed change to contracting out of housekeeping services. The environment is tense and lacks trust between organizations. We learned that it was important to be neutral, avoid any display of partiality, previous friendship or collegial relations with any of the parties.

3 Make sure everyone knows the full scope of the project.

A broad definition of literacy and essential skills is not generally known or used outside our profession. The common notion includes only reading, writing and perhaps numeracy. In this project we embraced a very broad definition of literacy. This required explanation and frequent reiteration. Even then, as we proceeded with the initial questionnaires, the cleaning contractor expressed increasing concern that the questions were off the topic of literacy and essential skills and into communication issues between the Health Authority and the cleaning contractor. The shift to embedding requires the overt focus to be on workplace issues and skills. This can lead to misunderstandings and difficulties.

4 Have the right people at the table.

In forming our Sector Committee, we thought we had decision-makers from all stakeholders. We did have "local" decision makers. However, the cleaning contractor is a large multi-national company with headquarters in a large city in the USA. When issues arose about the interviews we planned for housekeepers, the local manager decided he needed to go further up the ladder for approval. The decision makers at head office did not understand the project and decided without consultation with us to terminate their participation.

5 Develop materials in an accessible format.

We created the "How to Clean" cards in a format that made them easy to publish but difficult to edit. Each new iteration of the cards had to be produced by the researchers, and the committee members were unable to easily edit drafts. These cards were drafted and redrafted many times and the back and forth became very complicated.

The hospital will need to change these cards as procedures change. We were able to transfer the data into a software program that they owned, but we should have considered this issue at the beginning and developed the cards in a format that the stakeholders could readily access.

6 Build on existing initiatives.

Our biggest successes happened when we worked on projects that were already underway at the hospital and participated with them in the way we did with the letter for expectant mothers and Unit A. Thus, the literacy embedding becomes a 'value- added' to projects and initiatives already valued by the organization.

CONCLUSION

The Action Research reports and Impact Assessment reports from each of the sectors contain rich and detailed conclusions and recommendations for further actions. The recommendations for further actions and research, while written specifically for each sector, in many instances may be applied in other work environments. They are worth exploring.

As illustrated in each of the reports, the sector specialists worked in a variety of creative ways to get people to think about how literacy and essential skills are used in their work environments. Beyond that, they worked together to apply some of that thinking to pressing problems in the organizations.

Overall this was a challenging project. The process of embedding LES in the research sectors involved relationship building and development work in order to achieve a common understanding of what literacy and essential skills are. It also required a certain amount of trust as we entered workplaces and started asking questions about their practices. It took longer than we anticipated to get things moving — to get people to agree to participate and understand the project. But once we did, things moved along quickly and there were more ideas for embedding actions than we had capacity to explore within the time frame of the project. Although our sector specialist researchers were there to undertake actions, in practice they had to work for the most part through others. They engaged the people who are leaders and work in the sector to take those actions and make them happen. This is a difficult proposition, but it is the only way a change can be maintained in a workplace, by the people who actually work there.

As noted in an earlier conclusion, the idea of "embedding" is based on a simple principle. Adults will gain literacy skills when in a supportive and appropriate learning and working environment. Or stated the other way, there are barriers to participation in learning and change, to reading and writing meaningfully at work that leaders can help remove, if only they see that those barriers are there. The challenge in this approach is to engage the leaders, assess the current environment and make adjustments that increase access to information for everyone. This is indeed a challenge as many workplaces don't take kindly to the idea of being assessed. It can be a slow process to engage and teach the leaders, learn about the environment and develop trust among the key stakeholders that will enable changes to be

made that support learning. Once embedded, the changes should last and ripple out in the workplace over time.

We explored the idea of embedding literacy and essential skills in the workplace as a long term strategy for culture change through a better understanding of literacy and essential skills, and as an alternative to direct instruction of low literacy level workers.

As a result of this action research and all the numerous activities that took place throughout each sector, more people than we could have reached through "programs" have benefited. They are benefiting because they are using their literacy and essentials skills, particularly reading and writing, through the Clear Language and Design (CLAD) workshops that we offered in each sector. All workers benefit when information, concepts, and vocabulary are introduced thoughtfully and carefully. If people are presented with material they can read, they are more likely to read it. If the signs, newsletters, posters, training manuals are written with a readability level and visual design appropriate for low literacy audiences, everyone will benefit and learn. The more people read and write, the more they practice and thus, over time improve their skills. In addition, managers are changing the ways they allocate resources in training and documents, in signage and systems so that our action research project leverages many resources over time toward this positive learning environment.,

Further research

Clear Language and Design in the Workplace

A common theme throughout each sector research report was the impact that learning about and applying Clear Language and Design (CLAD) had on the working groups and steering committee members. It was key to understanding the bigger issues of literacy, and it was a like light bulb, illuminating the possibilities for embedding LES actions.

In the workplace, as everywhere, readers often struggle to make sense of poor writing. Clear language, sometimes called plain language, aims to make word choices and sentence structures easy to understand for all readers. Clear design extends those aims for clarity-at-a-glance to page layout and text format. One of the hallmarks of a Clear Language and Design (CLAD) approach is that everyone benefits from it. CLAD helps make written communication easier for able readers as much as for people who struggle with reading. One of the goals of embedding literacy and essential skills thinking in the work environment is to provide opportunities for people to improve those skills through practice. When the material that people need to read is written clearly, people with lower reading skills are able to practice in their work environment. For our researchers who are also literacy practitioners, using clear language and clear design is second nature. For our researchers who were not experienced literacy practitioners and for the sector committee members, learning to write clearly was a revolutionary insight into the complexity of literacy and essential skills in the work environment.

Over time we came to see that clear language and design was a gateway to embedding. We edited documents, made changes for readability, and reviewed and reflected on the results. All three of our work environments settled on using clear language and design as a strategy toward embedding that made sense to them. Why? Editing a document, reformatting a poster, redesigning a webpage, making a reader-friendly reporting template are all concrete activities. It is easy to see the improvements. In the process of learning about clear language and design, our participants were able to change the way they interact with text. They were able to say, "I am having trouble understanding this document, and here is why," and list the steps to improve it. Everyone is a reader and a writer at work. Many of our steering committee members needed to convey critical information, and clear language and design made the task easier, faster and more likely to be understood. Our research teams delivered CLAD workshops in person and by web conference. They taught people how to edit training and work documents, reports and templates. We believe clear language and design is a gateway to embedding, and the results are immediately obvious.

Can others replicate these experiences? Can reviving and promoting clear language and design open doors in the workplace for literacy practitioners? CLAD — teaching the strategies people use to read and use text, how efficient readers understand charts and other documents, and how the design and layout impacts our ability to navigate a page and thus aids or hinders our comprehension — allows us to enter conversations about the writer and the reader. In a very practical way, it gives us the opportunity to talk about the intended message and the recipient of that message. It opens the door to many real world situations. Employers and managers are motivated by real-world situations, and if clear language and design can assist them in dealing with their challenges, you have their full attention. We believe it is a way to solve real world problems and to become engaged with employers, workers and unions.

For our project, though, CLAD is not by itself the point; we aimed to make leaders better understand barriers to participation in fully applying literacy and essential skills in their workplaces. We wanted to impact the work culture from the top, and to leave those leaders in a better position to make decisions with their priorities and resources. We wanted to participate in bringing a literacy lens to their most pressing problems. Clear Language and Design was a gateway for us, and we think it will be so for others, especially if they hold the larger goals and bigger frame of work culture and real problems in their CLAD activities. It is an idea worth exploring.